DEPT.-65

JOB-31

REEL-20

# CITY OF BALTIMORE

# HEALTH DEPT.

# BUREAU OF VITAL STATISTICS

# DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23907

FORM RM-1 (11-58) RETAIN—PERM.

# REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

**Record Identification**

| 1. TITLE: | 2. Form No. if available | 3. Type—(cards, paper, etc.) |
|---|---|---|
| Certificate of Death | | Bound Book |

| 4. Dates | 5. Volume accumulated yearly | 6. Size of Record | 7. Number of copies made |
|---|---|---|---|
| | | Misc. | One (1) |

8. Authorization Requested (check only one (1) of the squares below)

| A. | B. | C. | D. |
|---|---|---|---|
| ☐ Establish retention period for records which are accumulating daily. | ☐ Dispose of present accumulation, no additional accumulation anticipated. | ☐ Microfilm and destroy originals. | ☒ Microfilm and retain originals for length of time indicated below. |

| 9. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 10. Equipment and space freed. | 11. In your opinion does this record have any historical significance? |
|---|---|---|---|---|
| 12 yrs. | Micro. Perm. | 12 yrs. and Micro. Perm. | | YES ☐ NO ☒ |

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

Those are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D Title: Commissioner of Health 3/28/63 Date

**Recommendation of Records Management Officer**

| 13. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 14. Disposal Method A. | B. | C. |
|---|---|---|---|---|---|
| 12 yrs. | Microfilm Permanent | 12 yrs. and Microfilm Permanent | [ ] To be sold as scrap or waste paper | ☒ To be Burned or shredded | ☐ Historical, (to be transferred to Dept. of Legislative Reference.) |

REMARKS: 2 negative Rolls + 1 positive for hospital

C P Force Records Management Officer 3/28/63 Date

**APPROVALS OF RECORDS DISPOSAL COMMITTEE**

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

4 APPROVED: CITY TREASURER John E. [illegible]

1 APPROVED: CITY AUDITOR [illegible]

5 APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS Bernard Tschudy

2 APPROVED: CITY SOLICITOR [illegible]

6 APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM W. T. Hunter

3 APPROVED: CITY COMPTROLLER [illegible]

7 APPROVED: DIRECTOR, DEPT OF LEGISLATIVE REFERENCE [illegible]

FILED ON FILM

IN

NUMERICAL ORDER

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 84801 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Reynolds

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 75 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters of the Poor

*Cause of Death,* First (Primary), Strumous habit

Second (Immediate), Debility

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetary

*Date of Burial,* June 24th 1885

*Undertaker,* C. T. Knauer & Son

*Place of Business,* 207 Hanover *Address,* .....

Chas Bruce Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 84302 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Ursula Farley.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* One Years, Seven Months. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 459 N. Mount St

*Cause of Death,* First (Primary), Whooping Cough.

Second (Immediate), Bronchitis

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Barnie Bream

*Date of Burial,* June 23. 1885

*Undertaker,* Martin Fahey

*Place of Business,* 128 Townsend St *Address,* 69. N Paca St

A. le. Fox. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 84303 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Schumann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* —— *Months,* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} 39 Hull St Locust Point

*Cause of Death,* First (Primary), Tuberculosis pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 24

*Undertaker,* B. Hall

*Place of Business,* 52 W Lst St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 84301 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann R. Taylor.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* [illegible] *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 196 Hughes St

*Cause of Death,* First (Primary), D

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St. Cem

*Date of Burial,* June 22-1885 James A Steuart M. D.

*Undertaker,* H. Ross. Comm'r of Health & Registrar

*Place of Business,* Conway St *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Finding = Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 84305 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Wallace

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 14 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore.* Life

*Place of Death,* {Give Street and Number.} 48 Burgundy Alley

*Cause of Death,* First (Primary),

Second (Immediate), Spasms.

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cem

*Date of Burial,* June 22-1885

*Undertaker,* H Ross

*Place of Business,* Conway St

James A Steuart M. D.

~~Coroner's Physician~~ Comm'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John E. Fanning Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 84306 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 25 1885

## CERTIFICATE OF DEATH.

*Date of Death,* June 22- 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Coyle

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days*

*Color,* W

*~~Married, Single,~~ Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1055 8 Penna Ave

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Washington DC

*Date of Burial,* June 24th 1885

*Undertaker,* A. Rohde

*Place of Business,* 78 Penn avenue

H. J. Mouck M. D.
Medical Attendant.

*Address,* Cor of Pa & Eighteenth St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

773 Fremont

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

# Health Department, City of Baltimore.

Permit No. 84307 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate E. Germuth

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* 12 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 3 Montgomery St

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Convulsions

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 24th 1885

*Undertaker,* A Rohde

*Place of Business,* 48 Lemmaven

Jno L Whitcomb M. D.
Medical Attendant.

*Address,* 584 W. Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 81308 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* June 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Ford

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* — *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 493 W. Lombard

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* About 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* June 23/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 350 W. Fayette

Robt K. Knox M. D.
Medical Attendant.

*Address,* 554 W Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 84309 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 22nd June 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne I. Webster

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 1 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 69 Scott st

*Cause of Death,* First (Primary), Cyanosis

Second (Immediate),

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balto cemetery

*Date of Burial,* June 24-1885

*Undertaker,* Armstrong & Denny

*Place of Business,* Light & Montgomery

H. W. Webster M. D.
Medical Attendant.

*Address,* 57 Warren

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

# Health Department, City of Baltimore

Permit No. 87810

*Office of Registrar of Vital Statistics.*

Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm I. Cary

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* ... *Months,* ... *Days*

*Color,* ...

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 164 Johns St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), ...

*Duration of Last Sickness,* About 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 24th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St. *Address,* 2 Eastern Ave

H Leonard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 84311 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Reilly

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 48 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Miner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} High & Fayette Sts. (Residence 60 N. Eutaw)

*Cause of Death,* First (Primary), Disease of Heart

Second (Immediate), .....

*Duration of Last Sickness,* Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* June 23rd 1885

*Undertaker,* J. P. Byrne

*Place of Business,* 63 Mound St.

James A. Steuart M. D.
Medical Attendant

*Address,* Cor Fayette & Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Certificate to be furnished by Dr. A. H. Hill, Coroner

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

# Health Department, City of Baltimore.

Permit No. 8432 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 23 1885

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest H. Myers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* *Months.* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} No 29 S. Wolfe St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cemetery

*Date of Burial,* June 24th 1885

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Caroline St *Address,* 211 N. Eutaw

C. J. Peter, M. D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84313 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa J. E. Mayerdirck

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 5 Months, 27 Days

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 333 E. Pratt st.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* June 24th 1885

*Undertaker,* Fred Gaede

*Place of Business,* 29. S. Caroline *Address,* 207 E. Broadway

Nicholas L. Baskin, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84314 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Rebecca Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 74 *Years,* ... *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} London Co Va

*Duration of Residence in the City of Baltimore,* Fifteen Yrs -

*Place of Death,* {Give Street and Number.} 140 N. N. Eutaw St

*Cause of Death,* First (Primary), Softening of the Brain

Second (Immediate), Effusion

*Duration of Last Sickness,* Ten days -

All the above information should be furnished by the Physician.

*Place of Burial,* Berlin Frederick Co Md

*Date of Burial,* June 24th 1885

*Undertaker,* F. Louis Schaaf

*Place of Business,* 109 N Fremont Address. 211 W Lombard St

Dr. E. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84315 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Collins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* 9 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 88 Johnson St

*Cause of Death,* First (Primary), Cholera, Infantum,

Second (Immediate), Nervous Prostration

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Co

*Date of Burial,* June 23/85

*Undertaker,* Armstrong Co

*Place of Business,* 263 Light

W B Smith M. D.
Medical Attendant.

*Address,* 55 Hanover Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3775 Hanover

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce

# Health Department, City of Baltimore.

Permit No. 8436

## *Office of Registrar of Vital Statistics.*

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* 22nd June 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myers Garrett

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pa.

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* {Give Street and Number.} 31 Conway st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 25th 1885

*Undertaker,* J. F. Byrne

*Place of Business,* 5 N. Liberty *Address,* 101 Barre

H. W. Webb M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 8 4 7 8 1 7 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud H. Zimmerman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} —

*Age,* 0 *Years,* 2 *Months,* 3 *Days*

*Color,* wht

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* ~

*Place of Death,* {Give Street and Number.} 300 N Eutaw st

*Cause of Death,* First (Primary), marasmus

Second (Immediate),

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* June 24/85

*Undertaker,* Chas. T. Craven

*Place of Business,* 21 N. Eutaw

G Lane Tanneyhill M. D.
Medical Attendant.

*Address,* 219 Madison ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...**

# Health Department, City of Baltimore.

Permit No. 8783/8 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Thomas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* ... *Months.* 2 Weeks 2 *Days*

*Color* Col

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 2 Weeks 2 days

*Place of Death,* {Give Street and Number.} No 3 S. Duncan alley

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 23 1885

*Undertaker,* T. J. Locke

*Place of Business,* 73 Jefferson St. *Address,* 346 E Balto St.

C. W. Woodman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 84319 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E J Diggs

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No. 285 E. Lombard st

*Cause of Death,* First (Primary), .....

Second (Immediate), Teething.

*Duration of Last Sickness,* Three (3) days.

All the above information should be furnished by the Physician.

*Place of Burial,* Hagerstown Md

*Date of Burial,* June 24

*Undertaker,* Wm S Ray

*Place of Business,* 61 W Baltimore Address, 237 Gough st.

A. L. Clarke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3776 Fremont

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 24320 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPT. JUL 23 1885

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie R. Gracke

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 9 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 150 Pearl St.

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* June 24th

*Undertaker,* Nicholas Hooker

*Place of Business,* 86 N. Paca St. *Address,*

A R Lincoln M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 84321

*Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Moses How Kins {Parents Name

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 7 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 2 Druid St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 23rd 85

*Undertaker,* Wm A Jones

*Place of Business,* # 62 East St

James A Stewart M. D.

*Address,* Camp Hoen & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Sec 2

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Wm A. McFetrick Sanitary Inspector, [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

# Board of Health, City of Baltimore.

Permit No. 84322 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1885 REGISTERED

*Date of Death,* June 22nd 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anastasia Hanzsche

HANZSCHE—On Monday, 22d of June, 1885, Mrs. ANASTASIA HANZSCHE, in the 82d year of her age, relict of the late John T. Hanzsche.

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* ~~84~~ 82 *Years,* —— *Months,* —— *Days.*

*Color,* White

~~Married, Single~~, Widow ~~or Widower~~. {Cross out the word not required in this line.}

*Occupation* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England D.C.

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give street and Number.} Female Home, Lafayette Ave & Broadway

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Senile

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* June 24th '85

*Undertaker* M. A. Kaiser

*Place of Business,* 74 S. Broadway

E. D. Harris M. D.
Medical Attendant.

*Address,* Female Home, Lafayette & Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

Permit No. 84823 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carlton Garrison

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 1 *Months,* 11 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 6 Pamunkie Court

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate), Meningitis

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Evergreen Cem

*Date of Burial,* June 24 1885

*Undertaker,* Wm Maddux

*Place of Business,* #76 East Pr

F. S. Lloyd M. D.
Medical Attendant.

*Address,* 1 S. Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of t

# Health Department, City of Baltimore.

Permit No. 84324 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Lidloff

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 3 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} N.E. Cor Bond & Orleans Sts

*Cause of Death,* First (Primary), Acute Meningitis

Second (Immediate), —

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 25 1884

*Undertaker,* John Sherwig

*Place of Business,* 382 Orleans St Address, cor Eager & Caroline

A. Oehler M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back...

# Board of Health, City of Baltimore,

Permit No. 84325 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Kelly.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 28 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt –

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 294 Mulberry St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

*Duration of Last Sickness,* 3 months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* June 24, 1885

*Undertaker,* Matthew Cudgen

*Place of Business* 227 Mulberry *Address,* Lombard and Canal

Dr Thos. Latimer
Dr
C. T. Bryan M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

Permit No. 84326 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 24/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Dors

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* *Days,*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 57 St Paul St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 Weeks

All the above information to be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemty

*Date of Burial,* June 24/85

*Undertaker* Ger Reinhart

*Place of Business,*

Thos. J. Ward M. D.
Medical Attendant.

*Address,* 127 St Paul

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 24827 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 d 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annuta Ann Hammond

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* white

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 20 Read St

*Cause of Death,* First (Primary), Rheumatism of Heart

Second (Immediate),

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cem

*Date of Burial,* June 25th 1885

*Undertaker,* Wm J Emerson Son

*Place of Business,* Cathedral

N. H. Knaus M. D.
Medical Attendant.

*Address,* 143 N Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 87328 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes McKillop

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* —— *Months,* 2 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co. Since birth

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No. 89 Dover St.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 24th 85

*Undertaker,* C. Bartell & Son

*Place of Business,* 642 W. Balto St. *Address,* Col Chamberlain Dover St

Emil Goldenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No. 84829 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bangert

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 77 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore.* 35 Years

*Place of Death,* {Give Street and Number.} 270 Eastern ave

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Coma

*Duration of Last Sickness,* a few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* June 25th 1885

*Undertaker,* Wm. Sander & Son

*Place of Business,* 252 Canton ave *Address,* .....

..... M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 17330 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1885

## CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M. Kempel, alias = = Svoboda

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeper.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md -

*Duration of Residence in the City of Baltimore,* During Lifetime

*Place of Death,* {Give Street and Number.} 605 Bruce St.

*Cause of Death,* First (Primary), Puerperal Peritonitis,

Second (Immediate), Exhaustion -

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* June 24

*Undertaker,* C A Bizzard

*Place of Business,* 201 Pen ave *Address,*

T. Rickert, *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 84331 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Johnson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* ——— *Months,* 7 *Days*

*Color,* Col

*Married, Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Lawbridge Md

*Duration of Residence in the City of Baltimore,* 60 yrs

*Place of Death,* {Give Street and Number.} 12 Cedar Row

*Cause of Death,* First (Primary), Old age

Second (Immediate), Heart disease

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 24th 85

*Undertaker,* Wm D. Gray

*Place of Business,* 65 E. Fulton St *Address,* Franklin Square

Geo. A. Fleming M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 84882 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter S. Manning

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ..... ✓

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 346 Barre St.

*Cause of Death,* First (Primary), Epilepsy

Second (Immediate), Suffocation

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 24th 1885

*Undertaker,* John S. Thacher

*Place of Business,* No 150 Lanvale St

R. J. N. Tall, M. D.
Medical Attendant.

*Address,* 152 Stirling St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

Permit No. 84333. *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Margaretha Gaul

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 56 *Years,* × *Months,* × *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation* Home Keeping

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* ~~No 2 Eutaw Court~~ 31 years

*Place of Death,* {Give street and Number.} No 2 Eutaw Court

*Cause of Death,* First (Primary), Brain Tumor

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 25th 1885

*Undertaker* P. Seawald

*Place of Business,* 35 S. Eutaw *Address,* 88 N Eutaw

R Friedenwald M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certif...

84334 **Health Department, City of Baltimore.**

Permit No. [redacted] *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1885

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 309 Forth St

*Cause of Death,*
First (Primary), Pneumonia
Second (Immediate), Tuberculous Meningitis

*Duration of Last Sickness,* 8 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 24

*Undertaker,* B Mark

*Place* [redacted] 2 West St

O. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Foot av

**Extract from Re[redacted]ions of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 84335 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* June 24 "85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Lang

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1277 Lancaster St.

*Cause of Death,* First (Primary),

Second (Immediate), Exanition

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* June 24 "85

*Undertaker,* H Hoeck

*Place of Business,*

James A Steuart M. D.

Medical Attendant.

Comm of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Asst & City Health Sanitary Inspector

[Over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 84336 *Office of Registrar of Vital Statistics.* Ward 5'

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* June 23" 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Sharpe

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 6 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1-17 Eutaw Lane

*Cause of Death,* First (Primary),

Second (Immediate), Scrofula

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 24th 85

*Undertaker,* A. Hamilton

*Place of Business,*

James A Steuart M.D.

~~Medical Attendant~~ Com'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Ex'd

Asst Undertaker & Sanitary Inspector

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 24, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Knox Dunham

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 8 *Months,* 21 *Days.*

*Color,* *Sex,*

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Alabama

*Duration of Residence in the City of Baltimore,* 10 month

*Place of Death,* {Give street and number.} 144 McCulloh St

*Cause of Death,* First (Primary,) Pulmonary Consumption

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* some years

All the above information should be furnished by the Physician.

*Place of Burial,* Montgomery Ala

*Date of Burial,* June 24th 1885

W. T. Downs M. D.
Medical Attendant.

*Undertaker,* Newgent & Sons

*Place of Business,* Park & Saratoga Sts *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84838 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Butler

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* ..... *Months,* ..... *Days*

*Color,* colored

*Married,* *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carolin co Md.

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give Street and Number.} 9 Wales court

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about fifteen months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* June 25/85

*Undertaker,* Wm Ebey

*Place of Business,* Mulberry St

Wm A. Jones M. D.

~~Medical Attendant~~ Coroner

*Address,* 326 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

# Board of Health, City of Baltimore,

Permit No. 84339 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23d 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Fetch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* 14 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 224 Chase St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Redeemer

*Date of Burial,* June 24 1883

*Undertaker* Henry Hoen

*Place of Business,* 387 N Central Ave *Address,* 283 N. Eden St

E. B. Fenby M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 8173/0

## *Office of Registrar of Vital Statistics.*

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L Simmes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 1

*Place of Death,* {Give Street and Number.} 277 - N - Eastern

*Cause of Death,* First (Primary), Cebro Spinal Meningitis

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bon Air

*Date of Burial,* June 24th 1885

*Undertaker,* Henry Heck

*Place of Business,* 36 N Paca *Address,*

H J Harris M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 0 [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84341

*Office of Registrar of Vital Statistics.*

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Carr

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 12 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* XXX

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 5 Taylors Court

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), .....

*Duration of Last Sickness,* Five Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 3rd 1885

*Undertaker,* [illegible] Lucas

*Place of Business,* 73 [illegible] Street

James E Donnelly M. D.
Medical Attendant.

*Address,* 299 E Balto St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 84342 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E Duketart

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 2 *Months.* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 81 E Baltimore St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bells Cemetery

*Date of Burial,* June 27th

*Undertaker,* Hughes Spence & Co

*Place of Business,* 60 E. Balto St *Address,* 2 Broadway

D McCathran M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84343 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Schmidt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 7 *Months.* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} No 611 Druid St

*Duration of Residence in the City of Baltimore.* Since birth

*Place of Death,* {Give Street and Number.} No 611 Druid St

*Cause of Death,* First (Primary), Bad Hygiene

Second (Immediate), Cerebro Spinal Meningitis

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 25

*Undertaker,* Walter Ammel

*Place of Business,* 315 W. Biddle *Address,* 1611 Fayette

M. T. Cummings M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore,

Permit No. 84344 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Mengynger

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* Years, — Months, 7 Days, 17

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 33 S. Durham st.

*Cause of Death,* First (Primary), Hydrocephalus

Second (Immediate),

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* June 25th 85

P. J. Dausch M. D.
Medical Attendant.

*Undertaker* J. C. France

*Place of Business,* & Bank & Wolfe *Address,* 325 E. Balto. st.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 84343 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Linner

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *~~Months~~,* *Days*

*Color,* Colard

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Chestertown Md

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} No 37 Saratoga St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Phtisis Pulmonalis

*Duration of Last Sickness,* from January 1 85 to Sept 1885

All the above information should be furnished by the Physician.

*Place of Burial,* Lowel Cemetery

*Date of Burial,* June 25 1885

*Undertaker,* William Lange

*Place of Business,* 62 East St

P. H. Revell M. D.
Medical Attendant.

*Address,* No 36 Saratoga

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 84846 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

a

HEALTH DEPARTMENT JUN 27 1885 BALTIMORE MD.

*Date of Death,* June 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Purdy

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 85 *Years,* — *Months,* — *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Sold Produce in Market.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Unknown

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} No. 178 Lower Pr.

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate),

*Duration of Last Sickness,* Nine (9) Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* June 28th 1885

*Undertaker,* William N Bengel

*Place of Business,* 42 East St

Wm H Geddes M. D.

Medical Attendant.

*Address,* Cor Chew & Caroline Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 84347 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. a

*Date of Death,* June 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hossie Anderson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 8 *Months,* *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 8 yrs

*Place of Death,* {Give Street and Number.} 119 n Gallas St

*Cause of Death,*
First (Primary),
Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 20 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Lowel Cemetery

*Date of Burial,* June 24 1885

*Undertaker,* William Murray

*Place of Business,* 62 East St

J. D. Gwynn M. D.
Medical Attendant.

*Address,* 137 Eutaw

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Board of Health, City of Baltimore,

Permit No. 84348. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1885

# CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresia Rapprecht

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Home wife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give street and Number.} 135 N Bethel St

*Cause of Death,* First (Primary),

Second (Immediate). Phthisis Pulmonalis

*Duration of Last Sickness,* I do not know = attended several days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthias

*Date of Burial,* 25 June

*Undertaker* Wendelin Diffenbacher

*Place of Business,* 151 South Bond

Medical Attendant. M. D.

*Address,* 88 E Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 84349

## Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 24 1885

# CERTIFICATE OF DEATH.

*Date of Death,* 6/24 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Blanch Weaver

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 20 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 445 Franklin St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum —

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Dunbar Ohio

*Date of Burial,* June 25th 1885

*Undertaker,* John S Hacker

*Place of Business,* No 150 Lombard St

J H Toomey M. D.
Medical Attendant.

*Address,* 76 E Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3787

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

8 4

Permit No. 84350. *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1885 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Murtty Counts

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 18 yrs ~~Years~~ *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 55 Lakeno Alley

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 6 or 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* June 25 1885

*Undertaker,* C S Hohne

*Place of Business,* 48 Howard St

D. H. Hill M. D.
Medical Attendant.

*Address,* 23 Ed. Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 84351 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 26 1885 BALTIMORE

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otila A. Schlaffer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years~~, 4 Months. 15 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 541 Gay st

*Cause of Death,* First (Primary), Meningitis (Acute)

Second (Immediate),

*Duration of Last Sickness,* ~ 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* June 26th 1885

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay st

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Square

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84352

## *Office of Registrar of Vital Statistics.*

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HARRIS DEPARTMENT OF HEALTH JUN 25 1885

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretta Mees

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} 125 N. Holliday

*Cause of Death,* First (Primary), Typhoid Malarial Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 12 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 26th

*Undertaker,* H. C. Windfeld

*Place of Business,* 40 Green near Saratoga

Geo. B. Reynolds M. D.
Medical Attendant.

*Address,* 171 N. Calvert St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 6433-3. *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY
JUN 25
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 22/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Seamstress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 330 Aisquith St

*Cause of Death,* First (Primary), Phthisis Pulmon

Second (Immediate), Asthenia

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* June 25=1885

*Undertaker,* H C Wadefield

*Place of Business,* 90 Greenmount ave

F. E. Shatard M. D.
Medical Attendant.

*Address,* 114 Park

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 84354 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 22d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kemmerly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 7 *Months.* *Days*

*Color,* W.L.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* School Boy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} W.C. Smith's Fork of Patapsco St

*Cause of Death,* First (Primary), Accidental Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Thomas Cem.

*Date of Burial,* June 25th 85

C. Hall Cutlidge M. D.
Medical Attendant.

*Undertaker,* J. Frank

*Place of Business,* J. Frank & Wolfe St. *Address,* 108 Dix South St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 84355 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leibert Finley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 7 *Months;* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 10 E. Fountain St.

*Cause of Death,* First (Primary), Croup

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* June 26th 85

*Undertaker,* G. Franz

*Place of Business,* Franz & Wolf *Address,* 217 Pennsa

D. A. Stetler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Rules below, and to [illegible]

# Board of Health, City of Baltimore,

Permit No. 84356

*Office of Registrar of Vital Statistics.* June 19th 1885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Denning

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* 1 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Steam Boat Captain

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Saulsbury, Connecticut

*Duration of Residence in the City of Baltimore,* About Twenty Years

*Place of Death,* {Give street and number.} N 328 N. Strieker St

*Cause of Death,* First, (Primary.) 1 Senility

Second, (Immediate.) /

*Duration of Last Sickness,* Upwards of two years

All the above information should be furnished by the Physician.

*Place of Burial,* Albany, New York

*Date of Burial,* June 25th 1885

James Bonitz M.D.,
Medical Attendant.

*Undertaker,* D Emory Mitchell

*Place of Business,* 530 W Fayette St *Address,* N W Cor Pine

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Fairs 3781

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 8437 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~June~~ June 24, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Patrick Griffin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *9 Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 24 x Vincent

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Congestion of brain

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 26 85

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry St *Address,* 319 Hollins

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No 84358 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A Coffie

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 3 *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 102 Richmond

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 25/85

*Undertaker,* Chas T. Scruven

*Place of Business,* 211 Eutaw *Address,*

Wm Whitridge M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84359 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1885 PAID

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Campbell

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} N. W. Cor Bank & Canal

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 25th

*Undertaker,* W. Dippell

*Place of Business,* S. Bond St

Geo. Ingleby M. D.
Medical Attendant.

*Address,* 1212 Eden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84360

*Office of Registrar of Vital Statistics.* Ward D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Lutz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Storekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 99 Hamis St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Consumption

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* June 26th 1885

*Undertaker,* Sanders & Son

*Place of Business,* ..... *Address,* .....

James A. Steuart M. D.
Com. of Health Maryland
Health Office

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84361 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton C McCurdy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 Weeks 4 *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} No 722 Orleans st

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* June 25th 1885

*Undertaker,* Wm Fry

*Place of Business,*

James A. Steuart M. D.

*Address,* Cor. of Fremont & Pratt Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKeown Sanitary Inspector

No. 84

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84362. *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Rebecca Stoller

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* 1 year 4 mos

*Place of Death,* {Give Street and Number.} 115 S Eutaw

*Cause of Death,* First (Primary), Phthisis Tuberculosis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 Mo Year

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew H Cemetery

*Date of Burial,* June 25

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 d High St Address, 1. So. Eutaw

J. J. Ulmer M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 84363. *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 25 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 24, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Norwood.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 225 Lexington St.

*Cause of Death,* First (Primary), Gastro-enteritis,

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* June 25th 1885

*Undertaker,* H. Lewis Schaefer

*Place of Business,* 109 N Fremont

G. Rickert. M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84364 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo E Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 1 Months. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 10 Aisquith Ina dona alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetry

*Date of Burial,* June 25 1885

*Undertaker,* Martin Fahey

*Place of Business,* 128 Townsend St Address, 31 D. Broadway

J. B. Hall M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 84365

## *Office of Registrar of Vital Statistics.*

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 23rd/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effa L Berry

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* 7 *Months.* *Days*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 7 months

*Place of Death,* {Give Street and Number.} No 69 Canal Ave

*Cause of Death,* First (Primary), Warm Weather

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 25th 1885

*Undertaker,* S Chase

*Place of Business,*

Samel. Chase

Benj F Bohn M. D.

Medical Attendant.

*Address,* 202 W Hoffman st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 84366

## Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 23 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H Rolford

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 8 Months, Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 58 Neptune Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* 25 June 85

*Undertaker,* Jas W Wilkins

*Place of Business,* 217 Hanover St

*Address,* 177 Hanover St

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 84367 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotta Hall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* / *Years,* 6 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Ballo

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 50 Plum alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 25 June 85

*Undertaker,* Geo Perkins

*Place of Business,* 217 Hanover

C. L. Bond M. D.
Medical Attendant.

*Address,* 177 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

# Health Department, City of Baltimore.

Permit No. 84368 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Cottingham

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 8 *Days*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 222 Preston St.

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 25/85

*Undertaker,* A. Hennessy

*Place of Business,*

James A. Steuart M. D.

[redacted] Com. of Health Baltimore

*Address,* Physician

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 84369 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 25 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Suppose - June - 21st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Bradenec -

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* - *Months,* - *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cook - Enlisted in U. S. Army

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Unknown -

*Place of Death,* {Give street and Number.} Off - foot of Lee St - Basin

*Cause of Death,* First, (Primary,) Suppose. Second, (Immediate,) Suicide by drowning

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* West Pub - Cemitiy.

*Date of Burial,* June 23/85

*Undertaker,* F. A Reichner

*Place of Business,* 129 Arlington ave.

Dr. J. Bell M. D.,

Medical Attendant,

Coroner Dr Dist -

Address, 161 Dr Sharp St -

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 84370 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 24 "85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Woods

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 104 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 29 Years

*Place of Death,* {Give Street and Number.} # 213 N Exeter St.

*Cause of Death,* First (Primary), Old age

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 15 Month.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* June 26 "85

*Undertaker,* H. C Wiedefeld & Co

*Place of Business,* 90 Gruneman

James A. Steuart, M. D.

~~Undertaker~~ Comm'r of Health & Registrar

*Address,* Per JAS

---

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Eh brl

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Jas F. Fitzpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

# Board of Health, City of Baltimore, 20

Permit No. 84371 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1885 REGISTRAR OF

## CERTIFICATE OF DEATH.

*Date of Death,* June 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Johnson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* ..... *Months,* ..... *Days,*

*Color,* Black

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and Number.} 365 Vincent Alley

*Cause of Death,* First, (Primary,) Congestion of the Liver

Second, (Immediate,) " "

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Resurrection Md

*Date of Burial,* June 26/85

*Undertaker,* Jno L Johnson

*Place of Business,* At Same Stand Rear 6

L. C. Cole M. D.,
Medical Attendant.

*Address,* 1405 E. Gilmor

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

Permit No. 84372 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 25th June 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie May Bender

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days,*

*Color,* W. F. Co

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 68 Payson st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), .....

*Duration of Last Sickness,* Mount Olivet about 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Greenmount~~ Cemetery

*Date of Burial,* June 26th 1885

*Undertaker* John P. Poulin

*Place of Business,* # 66 Fred. Av. *Address,* 594 W. Fayette

J. Inx Hood M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84373.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann McDowell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 46 *Years,* —— *Months,* —— *Days.*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Cook

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Essex Co. Virginia 25 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 38 Thrupp St alley

*Cause of Death,* First (Primary,) Cancer

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* About 2 years

All the above information should be furnished by the Physician

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 26th 85 — J. D. Scarff M. D.

Medical Attendant.

*Undertaker,* Wm. Wm. Gray

*Place of Business,* 65 Hulbert St *Address* 77 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba

# Health Department, City of Baltimore.

Permit No. 84374 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, BALTIMORE, MD.

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Riley

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 4 *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Gaylord Cor Townsend & Division

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 26

*Undertaker,* Robt. Robinson

*Place of Business,* Division St.

F. J. Flannery M. D.
Medical Attendant.

*Address,* Cor Wilson & Division

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba...

# Health Department, City of Baltimore.

Permit No. 8437 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore = Infant

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* *Days* 7

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St Vincents Co. Parsons & Division

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 or 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 26

*Undertaker,* Robt. Robinson

*Place of Business,* Division St

D. J. Flannery M. D.
Medical Attendant.

*Address,* Cor Wilson & Division

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

# Health Department, City of Baltimore.

Permit No. 84376 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J. Miller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* *Months.* 5 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 141 Burgundy St.

*Cause of Death,* First (Primary),

Second (Immediate), Diabetes

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* June 26th 1883

*Undertaker,* B. Hale.

*Place of Business,* 82 West St

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 357 Barre St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 84377 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Schmidt

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 19 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 37 S. Caroline St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 26th 1885

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Caroline St. *Address,* 50 S. Broadway

R. V. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Health Department, City of Baltimore.

Permit No. 84378 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1895 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. J. Burns

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ~~—~~ *Years,* ~~—~~ *Months.* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* ~~—~~

*Place of Death,* {Give Street and Number.} 154 Hollins

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* June 26th 95

*Undertaker,* Wm Matthew Cadogan

*Place of Business,* 227 Mulberry St

Edw F. Mitchell M. D.
Medical Attendant.

*Address,* 283 W Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

# Health Department, City of Baltimore.

Permit No. 84379 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Lee Rice

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 1 *Months,* 17 ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 18 E. Lombard St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Spasms

*Duration of Last Sickness,* One (1) Day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 26/85

*Undertaker,* C. Bartell & Son

*Place of Business,* 642 W. Balto *Address,* 387 W. Lombard St

A. L. Shipley M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84380

*Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 25 1885

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward E Lavey

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* 14 *Days*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 S. Fulton

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 26

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

H. R. McSherry M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8438 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 25 1880

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie DeBellus

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 6 *Months,* 1 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} D C

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 7 E Pratt

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* June 26th

*Undertaker,* Wendelin Dippel

*Place of Business,* S. Bond st. 151 *Address,* 7 E. Pratt

G. L. Miller M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 84382 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 85

*Full Name of Deceased* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friederika Osser

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* 11 Mos

*Place of Death,* {Give street and Number.} 203 Light St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 1/ 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Chef Scholom Trapp Rd.

*Date of Burial.* June 26/85

*Undertaker,* J Behrend

*Place of Business,* 101 E. Lombard St. Address, 226 Montgomery

Geo. A. Strauss. M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

# Health Department, City of Baltimore.

Permit No. 84383 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1885

*Date of Death,* June 24th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laetitia J. Ramsay

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 73 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 69 Mosher Street

*Cause of Death,* First (Primary), Falling down the Stairs

Second (Immediate), Concussion of the brain

*Duration of Last Sickness,* four days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* June 26th 1885

*Undertaker,* Kenny & Mitchell

*Place of Business,* 56 & 58 W. Fayette St. *Address,* 38 Mount Vernon Place

Jos. L Loyd Martin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and t[illegible] of Diseases on Ba[illegible]

# Health Department, City of Baltimore.

Permit No. 84384

## *Office of Registrar of Vital Statistics.*

Ward 23'1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1885 BALTIMORE

*Date of Death,* June 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Lowtle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* Five *Months,* — *Days*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give Street and Number.} Loyd St — no 34

*Cause of Death,* First (Primary), Syphilis

Second (Immediate), Pneumonia (Lobular)

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* June 26 th 1885

*Undertaker,* Wm H Bruce

*Place of Business,* 62 East St

Edwin R Turner M. D.
Medical Attendant.

*Address,* 206 N Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84385

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84385 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months.* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore.* Life time

*Place of Death,* {Give Street and Number.} 70 ~~Corporation Alley~~ What cout St

*Cause of Death,* First (Primary), .....

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* June 24th 1885

*Undertaker,* Fred'k Burgee

*Place of Business,* 62 East st

W. H. Warner M.D.
Medical Attendant.

*Address,* 281 S. Eutaw st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special Attention of Physicians is respectfully invited to the Reverse Side, and to List of Diseases of

# Board of Health, City of Baltimore,

Permit No. 84386 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Room

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* 1 *Days,*

*Color,* Col

*Married, Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Child Edward Room

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and Number.} # 4 Ty Cobbin et

*Cause of Death,* First, (Primary,) Cer-Spinal Meningetis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 26th 1885

*Undertaker,* Wm H Burns

*Place of Business,* 602 East, st *Address,* 76 N Broadway

W. A. Hahn M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases [illegible]

# Health Department, City of Baltimore.

Permit No. 84387 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Gottschalk

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* — *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 32 Nanticoke

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Edema

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* June 27th

*Undertaker,* Wend. Dippel

*Place of Business,* S. Bond st 161 *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84388

*Office of Registrar of Vital Statistics.*

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1885

*Date of Death,* June 24 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Blacken

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* W

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1139 - N. Gilmor St -

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* 3 - months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 26

*Undertaker,* Walter Sumwalt

*Place of Business,* 315 W. Biddle *Address,*

A. J. Hunt

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore,

Permit No. 84389 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24 1894

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredrick Ritter

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 0 Years, 2 Months, 20 Days,

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 213 Montgomery

*Cause of Death,* First (Primary), Despepsia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 26

*Undertaker* Jacob Ahrens

*Place of Business* 28 High St. *Address,* 258 Madison Ave

Attendant. M. D.

Medical

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87390 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E. F. Gulfoy

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* — *Years,* 6 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 963 N. Howard St.,

*Cause of Death,*
First (Primary),
Second (Immediate), Marasmus.

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 26th 1885

W. A. B. Sullivan M.D.
Medical Attendant.

*Undertaker,* Joseph F. Byrne

*Place of Business,* 59 N. Liberty *Address,* 461 W. Biddle St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 11

# Health Department, City of Baltimore.

Permit No. 8-7391

## Office of Registrar of Vital Statistics.

Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 27 1885

*Date of Death,* June 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fetch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 224 E Chase St.

*Cause of Death,* First (Primary), Chol Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemtr

*Date of Burial,* Juny 26, 1885

*Undertaker,* Henry Hoe[illegible]

*Place of Business,* 207 N Caro Ave

E. B. Fenby, M. D.
Medical Attendant.

*Address,* 283 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 84394

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

6"

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June. 23

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Chase

*Sex,* ~~Male~~ / *Female,* { Cross out the word not required in this line. }

*Age,* ——— *Years,* ——— *Months,* 8 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } 11 Jones. Court & Since Birth

*Duration of Residence in the City of Baltimore,* 11 Jones. Court

*Place of Death,* { Give street and number. }

*Cause of Death,* { First, (Primary.) Convulsions Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery

*Date of Burial,* June 26 1885

*Undertaker,* J. J. Lock

*Place of Business,* 413 Lafayette Ave

Geo. N. Bartman M.D.,
Medical Attendant.

*Address,* 320 E. Fayette St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this C...

# Health Department, City of Baltimore.

Permit No. 84393

## *Office of Registrar of Vital Statistics.*

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUN 28 1885

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. F. Millar

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 7 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 82 Block 21.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 28th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 66 S Broadway

H. H. Link M. D.
Medical Attendant.

*Address,* Balt. & Ann Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84394 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

HEALTH DEPARTMENT JUN 26 1885 BALTIMORE MD

*Date of Death,* June 25

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Renshaw

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 35 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* ~~———~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 59 Bank St

*Cause of Death,* First (Primary), Paraplegia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 Month

All the above information should be furnished by the Physician.

*Place of Burial,* New Asbery Cemetry

*Date of Burial,* June 27th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

John A Schultz M. D.
Medical Attendant.

*Address,* N E Cor Lough & Eden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this.

# Board of Health, City of Baltimore,

Permit No. 84395 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1885 BALTIMORE MD

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank G. Meath

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* 14 *Days,*

*Color,* W

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt City — Lifetime

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 9 Keough St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate). Exhaustion

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Cemetery Phila Road

*Date of Burial,* June 27th 1885

*Undertaker* Henry L Mitchell

*Place of Business,* 165 S Broadway *Address,* 51 S. Broadway

E. R. Winslow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84396 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Strobel

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 65 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} Married

*Occupation,* ~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Sixty-seven years

*Place of Death,* {Give Street and Number.} N. E. Cor. Alice ann & Bond Sts.

*Cause of Death,* First (Primary), Congestion of Brain

Second (Immediate), Paralysis

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews

*Date of Burial,* June 28th 1885

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Caroline *Address,* 443 Aisquith

John H. Kehlberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84397 *Office of Registrar of Vital Statistics.* Ward 11 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B or C

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 '83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. W. Miller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 2 *Years,* *Months.* 1 *Days*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} Eutaw St near Franklin

*Cause of Death,* First (Primary), Fell from a Scaffold

Second (Immediate), Broke his neck

*Duration of Last Sickness,* died instantly

All the above information should be furnished by the Physician.

*Place of Burial,* June 27 '83

*Date of Burial,* Loudon Park Cem

*Undertaker,* F. Lewis Shade

*Place of Business,* 109 N. Eutaw

Wm A. Davis M. D.

Coroner

~~Medical Attendant~~.

*Address,* 326 Hollins st city

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules [illegible]

# Board of Health, City of Baltimore,

Permit No. 84398 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine A Hendry

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days,*

*Color,* White

~~Married~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Penna, Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and Number.} 231 Eden St

*Cause of Death,* First (Primary),

Second (Immediate). Paralysis

*Duration of Last Sickness,* 1 year

the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* June 28th

O A Mahon M. D.

Medical Attendant.

*Undertaker* George Schilling

*Place of Business,* Ashland & Gunar *Address,* E Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Health Department, City of Baltimore.

Permit No. 84399 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JUN 25 1885
BALTIMORE MD

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza E. Jones

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} ✓

*Age,* 41 *Years,* — *Months.* — *Days*

*Color,* White

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Mother

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} 12 N. Calvert Line

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Harford County Md.

*Date of Burial,* June 27

*Undertaker,* B. Flaul

*Place of Business,* 52 Hart St.

Jno. H. Innis M. D.
Medical Attendant.

*Address,* 152 E. Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3782 Transit [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this ca...

# Health Department, City of Baltimore.

Permit No. 8424011 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUN 26 1885

*Date of Death,* June 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Odendhal

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* eight years. 7

*Place of Death,* {Give Street and Number.} 189 Linden Ave.

*Cause of Death,* First (Primary), .....

Second (Immediate), Peritonitis

*Duration of Last Sickness,* four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* June 29th 1885

*Undertaker,* STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

*Place of Business,* STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

A. H. Erich M. D.
Medical Attendant.

*Address,* 95 Park Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 84401 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} no name Walter W. B. Schoen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* *Months.* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 312 McCullough St Balt

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 312 McCullough St Balt No

*Cause of Death,* First (Primary), Premature birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Ohab Sholom Knapp Road

*Date of Burial,* June 26th 1885

*Undertaker,* Moses Posnansky

*Place of Business,* 95 Harrison St

J. E. Clagett M. D.
Medical Attendant.

*Address,* 716 S. Eutaw St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84402 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Maidlow

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* ..... *Months.* ..... *Days*

*Color,* wht

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* ~

*Place of Death,* {Give Street and Number.} 309 Penna ave, above Townsend

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 27

*Undertaker,* C H Blizzard

*Place of Business,* 201 Penn ave

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ...

# Health Department, City of Baltimore.

Permit No. 84403 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonora Hagenfuhrer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* House-work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give Street and Number.} 389 Orleans St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* June 27th 1885

*Undertaker,* John Herwig

*Place of Business,* 389 Orleans St *Address,* 24 E Baltimore

E Flanken M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 87404 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday June 25th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. M. Johnston

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hagerstown

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} Eager & Enson Sts.

*Cause of Death,* First (Primary), Endocarditis with Congestion of Kidneys & Brain.

Second (Immediate), Purpura Hemorrhagic, Asthenia,

*Duration of Last Sickness,* 13 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 27th 85

*Undertaker,* H. C. Widdefield

*Place of Business,* 90 Government Ave *Address,* Broad St & Forest Place

Wilmer Brinton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 84405 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas S. Bradley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 32 *Years,* ..... *Months.* ..... *Days*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Driver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 63 Russell St

*Cause of Death,* First (Primary), .....

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 27 1885

*Undertaker,* Hercules Parr

*Place of Business,* 95 Lombard St

Geo W Black M. D.
Medical Attendant.

*Address,* 168 Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Forms on back of this Certificate.

Permit No. 84406

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 28 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Berlin Finney

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* One *Years,* 9 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } No 195 Burgundy Alley

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* { Give street and number. } No 195 Burgundy Alley

*Cause of Death,* First, (Primary.) Abscess

Second, (Immediate.)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 27 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Can Wayt

H. F. Owens Medical Attendant. M.D.,

*Address,* No 57. N. Paca St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8440 7

## Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH. 9

*Date of Death,* June 25 — "85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Keating

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* About 35 *Years,* — *Months,* — *Days*

*Color,* Wht. —

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Georgetown, D.C.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} No. 23 N. Gay St.

*Cause of Death,* First (Primary), Suffocation from gas

Second (Immediate), —

*Duration of Last Sickness,* About 5 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Georgetown DC

*Date of Burial,* July 27th 185-

*Undertaker,* John N McCoy

*Place of Business,* 27 N. Fayette St

Alexander Hill, M. D.
Medical Attendant

*Address,* Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3783 Tranet

[over.]

DAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84408

## *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alvy Milroy Simms

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* *Years,* 11. *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — — —

*Occupation,* — — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 118 N. Fulton Av.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* June 28th 1885

*Undertaker,* Hoffstetter Bros

*Place of Business,* Pulaski Monument

Norman F. Hill M. D.
Medical Attendant.

*Address,* 17 N Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 82409 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE, JUN 27 1885

## CERTIFICATE OF DEATH.

*Date of Death,* June 25 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betsy Sommerville

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 55 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Washerwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co. Md

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} 15 Herring's Court

*Cause of Death,* First (Primary) Paralysis

Second (Immediate),

*Duration of Last Sickness,* Since May 11 1885 - Visited twice

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 27 1885

*Undertaker,* T. J. Yorks

*Place of Business,* 73 Jefferson st

Saml E Dimitt M. D.
Medical Attendant.

*Address,* 27 E Balt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 84410 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 27 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 26 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Lehmeyer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days,*

*Color,* W.

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 — 5

*Place of Death,* {Give street and Number.} # 2 Weber st

*Cause of Death,* First, (Primary,) Congestion of Brain

Second, (Immediate,) Convulsion

*Duration of Last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Ft Olpheus,

*Date of Burial.* June 29

*Undertaker,* P. Hall

*Place of Business* 82 West Pr

R H P Ellis M. D.
Medical Attendant.

*Address,* 313 Light st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Co...

# Health Department, City of Baltimore.

Permit No. 8441 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Starr Taylor Hoyt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 70 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* XXX

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Connecticut

*Duration of Residence in the City of Baltimore,* 31st Years

*Place of Death,* {Give Street and Number.} 178 Central Avenue

*Cause of Death,* First (Primary), Cerebral Softening

Second (Immediate), .....

*Duration of Last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* June 28th

James E. Donnelly M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchel

*Place of Business,* 65, 1/2 Broadway *Address,* 2996 Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84412 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John N. Laughlin Jr

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 122 Hughes St

*Cause of Death,* First (Primary),

Second (Immediate), Palpitation of Heart

*Duration of Last Sickness,* Suddenly

All the above information should be furnished by the Physician.

*Place of Burial,* Balto cemetery

*Date of Burial,* June 27/85

*Undertaker,* Armstrong

*Place of Business,* 2637 Eutaw

L. C. Bruch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87413 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Thu 26. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta G. Jones

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give Street and Number.} 1117 Montgomery St

*Cause of Death,* First (Primary),

Second (Immediate), Hypertrophy of Heart

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Lincoln Park

*Date of Burial,* June 29/1885

*Undertaker,* Armstrong

*Place of Business,* 2632 Jack

Thomas G. Ashe M. D.
Medical Attendant.

*Address,* 1117 Montgomery St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84414 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian Lehner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give Street and Number.} St Josephs Hospital

*Cause of Death,* First (Primary), Old Age

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Gouden Park

*Date of Burial,* June 27th

*Undertaker,* C H Blizzard

*Place of Business,* 207 Penna ave *Address,* 153 W Saratoga St

Oscar J Koster M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 84515 *Office of Registrar of Vital Statistics.* Ward 4th 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS, JUN 27 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Stadtman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Fem.

*Age,* 62 *Years,* — *Months.* — *Days*

*Color,* W.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 47 Years

*Place of Death,* {Give Street and Number.} N. W. Cor Fayette & East sts.

*Cause of Death,* First (Primary),

Second (Immediate) Cancer Uteri

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* June 27/85

*Undertaker,* W. A. Dukes

*Place of Business,* 74 S. Howard

I. C. Benjamin M. D.
Medical Attendant.

*Address,* Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84416 *Office of Registrar of Vital Statistics.* Ward 13 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1885

*Date of Death,* June 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. August Wildmann

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tinner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} 538 W. Pratt st

*Cause of Death,* First (Primary), Suddenly of

Second (Immediate), Heart disease

*Duration of Last Sickness,* about 2 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 28th 1885

*Undertaker,* Jno Linebach

*Place of Business,* 538 W Pratt st

[illegible] M. D.

Medical ~~Attendant~~.

*Address,* 226 Hanover st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84417 *Office of Registrar of Vital Statistics.* Ward 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Baby~~ Dora Bartels

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* 27 *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 256 Montgomery St.

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Collapse

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* June 28th 1885

*Undertaker,* Ernest Schloerman

*Place of Business,* 187 Sharp *Address,* 190 Sharp

Wm Gould M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this certificate.

# Health Department, City of Baltimore.

Permit No. 84418

## *Office of Registrar of Vital Statistics.*

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE

# CERTIFICATE OF DEATH.

a

*Date of Death,* June 26 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fulton.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* — *Months.* — *Days*

*Color,* White

*Married, ~~Single, Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Conductor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 205 Front Stret.

*Cause of Death,* First (Primary), Arsenical Poisoning

Second (Immediate), Coma and Exhaustion

*Duration of Last Sickness,* 9 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Glendies Head of Broadway

*Date of Burial,* June 28th 1885

*Undertaker,* John J Andrews

*Place of Business,* No 416 Druid Hill Ave | *Address,* 251 Grumnt Ave

J. H. Robinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84419 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Greve

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* 6 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Tailoress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 284 N. Central Ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* June 26th 1885

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St

S. E. Shuck M. D.
Medical Attendant.

Address, 1615 Eager [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below and to the Rules on the back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 84420

*Office of Registrar of Vital Statistics.*

11"

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Aquirel

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* ed

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Domestic

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 26 State St.

*Cause of Death,* First, (Primary.) Rheumatism

Second, (Immediate.) Oedema & Ulceration of limbs with exhaustion.

*Duration of Last Sickness,* Has been in bed for many years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery.

*Date of Burial,* June 28th

*Undertaker,* Wm. J. Grove

*Place of Business,* 6 St Mulberry St. *Address,* 75 Franklin St.

Jno. S. Jay *M.D.,*

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Returns below, and to use of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84421 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1885 BALTIMORE MD

*Date of Death,* June 26/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie S King

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} "

*Occupation,* "

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 286 N. Stricker St

*Cause of Death,*
First (Primary),
Second (Immediate), Membr Croup

*Duration of Last Sickness,* Few days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* June 28/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 23 Franklin

J. Hutton *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to this Remarks Below, and to ...

# Board of Health, City of Baltimore,

Permit No. 84422 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY REGISTRY OF VITAL STATISTICS
JUN 27 1885

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Friday~~ 8, P.M., June 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Bedwell (Mary)

*Sex,* ~~Male~~ Female, {Cross out the word not required in this line.}

*Age,* 85 Years, — Months, — Days.

*Color,* White

*Married*, ~~Single~~, *Widow*, ~~Widower~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland (Cecil Co.)

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and Number.} 110 (R) Bethel St

*Cause of Death,* First (Primary), Old Age

Second (Immediate), Heart Disease & Dropsy

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* June 28. 1885.

*Undertaker* Wm. H. Hickman

*Place of Business,* 234 N. Gay St *Address,*

E. S. Thomas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 84423 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUN 27 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Finerick

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 171 N. Spring St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetry

*Date of Burial,* June 27th 1885

*Undertaker,* Chas S. Butler.

*Place of Business,* 132 N. Caroline St *Address,* 283 N. Eden St

E. B. Henby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 84424 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Erwin Bray

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 6 Months, 21 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 65 S Fremont St

*Cause of Death.* First (Primary). Cholera Infantum

Second (Immediate). Asphyxia

*Duration of Last Sickness,* 3 days

All the above info mation should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 29th 1885

*Undertaker* Stewart & Mowen

*Place of Business,* 35 Pankard *Address,* 181 Columbia ave

Geo R Graham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84425 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Williams Undulah

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* Mila

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 25 Patapsco

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 27

*Undertaker,* B. Harle

*Place of Business,* No 82 West St *Address,* 110 Fort ave

O. A. Cooke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87426

## *Office of Registrar of Vital Statistics.*

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 26

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evelyn Lewis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* 11 *Days* 15

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* ✓

*Place of Death,* {Give Street and Number.} 315 Light St

*Cause of Death,* First (Primary), Insultion

Second (Immediate), Apnoea

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Norfolk Virginia

*Date of Burial,* June 27th

*Undertaker,* B Haile

*Place of Business,* No 62 7th St

R H P Ellis M. D.
Medical Attendant.

*Address,* 313 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3784 Tanner

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84429

## *Office of Registrar of Vital Statistics.*

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Casper Denhardt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years.* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Confectioner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany ~~U. States~~

*Duration of Residence in the City of Baltimore,* Over 25 Yrs

*Place of Death,* {Give Street and Number.} # 66 Camden St

*Cause of Death,* First (Primary),

Second (Immediate), Suicide by hanging

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial* June 27th

*Undertaker,* H. N. Troll

*Place of Business,* # 131 Hanover St

Geo. A. Bell M. D.
Medical Attendant.

*Address,* 161 E. Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 84428 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Daniel Stoll

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} male

*Age,* 67 *Years,* 11 *Months,* 27 *Days,*

*Color,* white

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.} married

*Occupation* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany: 43 years in U. S.

*Duration of Residence in the City of Baltimore,* 18 months

*Place of Death,* {Give street and Number.} N. W. Cor Fairmount av. & Chester st.

*Cause of Death,*
First (Primary),
Second (Immediate) natural causes
sudden death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem.

*Date of Burial,* June 29th

*Undertaker* F. R. Stoll

*Place of Business,* 131 Hanover

Pierre G. Dausch M. D.
Medical Attendant.

*Address,* 925 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84429 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 27 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Schmitt

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* 1 *Months,* ~~~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 96 Lancaster St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* about 6 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* June 28th 1885

*Undertaker,* Farnandis Brand

*Place of Business,* Allegany Ave *Address,* Eutaw House

James H Clemens M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

David H Clagett
Sanitary Inspector

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84430 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 26th June 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence V Addison

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 8 Months, 16 Days

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Nothing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 163 S. Howard St.

*Cause of Death,* First (Primary), Tuberculor = Meningitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Knapps Cemetery

*Date of Burial,* June 28 1885

*Undertaker,* Hercules Dorr

*Place of Business,* 95 Eas Wayst

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84431 *Office of Registrar of Vital Statistics.* Ward 1 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If Infant not named, give names of parents. } Thomas Murray

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 3 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Balto County

*Duration of Residence in the City of Baltimore,* 2 Months.

*Place of Death,* { Give Street and Number. } 163 Hudson St

*Cause of Death,* First (Primary), Effects of heat

Second (Immediate),

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* 27 June

*Undertaker,* Wendell Dize

*Place of Business,*

E. J. Williams M. D.
Medical Attendant.

*Address,* 5 E Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84432 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 27 1885 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Krause

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 6 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 30 Albemarle St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* June 27th

*Undertaker,* Wm Klein Dippel

*Place of Business,* 151 S. Bond St. *Address,* 24 Bank

W. Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84433 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 27 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 6/27—85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A Koerthat

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 5 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 8 & Parkin pl

*Cause of Death,* First (Primary), Chrom Infantum

Second (Immediate),

*Duration of Last Sickness,* 48 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 29th

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw *Address,* 76 S Paca St

J H Emmert M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84434 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1885

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1.30 P.M. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Rumley Bacon

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* XXX

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 8 N. Patterson Park Avenue

*Cause of Death,* First (Primary), Teething

Second (Immediate), Eclampsia

*Duration of Last Sickness,* About 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co. Md

*Date of Burial,* June 28 1885

*Undertaker,* John Kennedy

*Place of Business,* 382 Orleans *Address,* 2216 Baltimore

James E Emerick M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84435. *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 27. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George T Robinson.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* White.

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Engineer.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} ~~New Jersey~~ Pa.

*Duration of Residence in the City of Baltimore,* 20 years.

*Place of Death,* {Give street and Number.} 172 N Washington St.

*Cause of Death,* First (Primary). Apoplexy, (Cerebral Hemorrhage)

Second (Immediate). Exhaustion

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* June 29th 1885

J. H. Chambers M. D.
Medical Attendant.

*Undertaker* John Hennessy.

*Place of Business,* 382 Orleans St *Address,* 133 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84436 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 25. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Krause

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 6 *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 357 Orleans St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Com

*Date of Burial,* June 25 th 1885

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St *Address,* 344 E. Balto St.

J. H. Collenberg M. D.
Medical Attendant

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84437 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Spillane

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 58 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} single

*Occupation* Carter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give street and Number.} Cockeysville near Fork Rr. L. P.

*Cause of Death,* First (Primary),

Second (Immediate). natural causes

*Duration of Last Sickness,* sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* June 28/85

*Undertaker* B. Halle

*Place of Business,* 82 West St *Address,* 325 E. Baltimore

P. G. Dausch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84438 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Jane Flaherty.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* one *Years,* 11 *Months,* 5 *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto No 325 E. Madison

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} No 325, E Madison St Balto City

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate), Tubercular Meningitis

*Duration of Last Sickness,* About 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 29th 1885

*Undertaker,* John Thacher

*Place of Business,* No 150 Lombard

J. Ridgway André M. D.
Medical Attendant.

*Address,* 121 E Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84439 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 27 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 26 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane M Lewis

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 538 Druid Hill Ave

*Cause of Death,* First (Primary), Atrophy Liver, and Malignant Ulcer Stomach

Second (Immediate), Asthenia

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* June 1885

*Undertaker,* W. A. Lafer

*Place of Business,* 748 Edwy

Emily Lucas M. D.
Medical Attendant.

*Address,* 79 Edmondson

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84440 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 26 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D Moore

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* ..... *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Book Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Westfield Va

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} 34 E Biddle

*Cause of Death,* First (Primary), .....

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* 27th June 27/85

*Undertaker,* Jno R McCoy

*Place of Business,* 94 East Fayette *Address,* 94 Eastern

J H Patterson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84441 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolf F. Slawter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 4 *Months,* 3 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 402 N. Paca St.

*Cause of Death,* First (Primary), Eczema

Second (Immediate), Marasmus

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 29/85

*Undertaker,* Julius Kochler

*Place of Business,* Stand 1 Cross St *Address,* 1708 Eastern Ave

Wm Lindsley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84642 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 27 June 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Thrawalle

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 2 *Months,* 28 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 24 Clifford Alley

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemetery

*Date of Burial,* 29 June 1885

*Undertaker,* Mrs Andrew Knell

*Place of Business,* 200 Columbia Ave *Address,* 211 N Kenwood Ave

L J Bernard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8424[illegible]3 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 28 1885

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 27/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Permit S. G. & Cecilia & Gonnella

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 4 *Months,* 2 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 165 E Pratt St

*Cause of Death,* First (Primary), ———

Second (Immediate), Asthenia

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Anne Arundel Co Md

*Date of Burial,* June 28th 1885

*Undertaker,* P. P. Tiernan

*Place of Business,* 165 E Eutaw

Medical Attendant M. D.

*Address,* 150 Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84444

## *Office of Registrar of Vital Statistics.*

Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotta Thomas

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 8 *Months,* *Days*

*Color,* Col.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 18 Mo.

*Place of Death,* {Give Street and Number.} No 3. S. Duncan alley

*Cause of Death,* First (Primary), Dropsy

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* June 28 1880

*Undertaker,* Theo. J. Locks

*Place of Business,* 73 Jefferson St *Address,* 346 E. Baltimore St

S. Montgomery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84445 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday June 27th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hart Twig

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* ... *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto,

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 144 E. Madison St

*Cause of Death,*
First (Primary), Specific disease with (Ulcerated) Stomatitis
Second (Immediate), Asthenia

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cemetery

*Date of Burial,* June 28th

*Undertaker,* Geo Schilling

*Place of Business,* 45 Lanvale Square

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Cor Eutaw & Forrest Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 84446

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore.

**Permit No.** 84446 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 23 1885

# CERTIFICATE OF DEATH.

*Date of Death,* June 27 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John L. S. Maier

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 6 *Months,* 15 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Boston

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 94 E. Fayette St

*Cause of Death,* First (Primary), Enteritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 days

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 29 85

*Undertaker* H. Hofmann

*Place of Business,* 63 N. Eden St *Address,* 258 Madison Ave

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84447 *Office of Registrar of Vital Statistics.* Ward 13-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Mc Gill

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} D. C.

*Duration of Residence in the City of Baltimore,* " "

*Place of Death,* {Give Street and Number.} 102 Lu. Boord

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 28th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 68 S Broadway *Address,* 68 S. Broadway

G. L. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84448 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 28 1885

# CERTIFICATE OF DEATH.

*Date of Death,* Friday night- June 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sylvester Charles Hood

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ____ *Years,* 8 *Months,* ____ *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 15 Potomac St- City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} 15 Potomac St

*Cause of Death,* First (Primary), Dentation

Second (Immediate), Tonic Spasms

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial* St Alphonsus cem

*Date of Burial,* June 28-1885

*Undertaker* Sanders and Son

*Place of Business* 252 Canton Ave *Residence Address* 28 O Donnell St

J E Richard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Regulations below, and to the Duties [illegible]

# Health Department, City of Baltimore.

Permit No. 84449 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 28 1885

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 26. '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lawrence Malone

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* —— *Months.* —— *Days*

*Color,* White

*Married, ~~Single, Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland . 36 years

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Cancer of stomach

Second (Immediate), Asthenia

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* June 28th '85

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Baltimore St.

C. H. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84459 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Washington Goldsborough.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Abt 85 *Years,* *Months.* *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Caroline Co., Md

*Duration of Residence in the City of Baltimore,* Over 50 Yrs

*Place of Death,* {Give Street and Number.} 49 Leadenhall St

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis -

*Duration of Last Sickness,* ——-

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 28

*Undertaker,* H Ross

*Place of Business,* Fulton Ave & St

Lut Bell M. D.

Medical Attendant.

Coroner

*Address,* 161 S Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84451 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 29 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mills

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Forty *Years,* *Months,* *Days*

*Color,* Brown

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md.

*Duration of Residence in the City of Baltimore,* Twenty-Years

*Place of Death,* {Give Street and Number.} 37 Moore st.

*Cause of Death,* First (Primary), Aortic Aneurism

Second (Immediate), Prostration

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Hope

*Date of Burial,* June 28th 1885

*Undertaker* Alex Hendley

*Place of Business,* 11 Orchard St

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84452 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 28

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phebe E Willis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 8 *Months.* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carolina Co Md

*Duration of Residence in the City of Baltimore,* 4 yrs

*Place of Death,* {Give Street and Number.} 19 N Mount

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* about 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Hagerstown Md

*Date of Burial,* June 29th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St

Robt K Knox M. D.
Medical Attendant.

*Address,* 550 W Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Trans 3785

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84433 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1885 BALTIMORE MD

*Date of Death,* 26 June 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Harriet Jones

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* — *Months.* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 266 n Fulton ave

*Cause of Death,* First (Primary), Diabetes Mellitus

Second (Immediate), Paretic Coma

*Duration of Last Sickness,* About 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Friendship Anne Arundel Co Md

*Date of Burial,* June 29th 1885

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Bowmore *Address,* 314 E Balt St.

B. F. Edmunds. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3786 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84454 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. R. Gardner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 10 Summit St.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 10 Summit St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1½ days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 29th

*Undertaker,* Eco Schilling

*Place of Business,* Ashland & Eutaw

J. H. Robinson M. D.
Medical Attendant.

*Address,* 75½ Summit Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84455 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Rosenthal

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months.* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto - City.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 4392 E. Preston.

*Cause of Death,* First (Primary), Brain and Lung in Convulsion

Second (Immediate),

*Duration of Last Sickness,* Brief and Sudden. I did not see

All the above information should be furnished by the Physician. corn.

*Place of Burial,* Baltimore County

*Date of Burial,* June 29th 1885 J. G. Hildebrand M. D.

*Undertaker,* Geo. Lemmerhirt

*Place of Business,* 582 W. Pratt St. *Address,* Fayette & Pacaist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84456 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Pickett

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 53 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md.

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give Street and Number.} 59 Stirling St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), .....

*Duration of Last Sickness,* 16 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bel Air

*Date of Burial,* June 30th 1885

*Undertaker,* John N. McCoy

*Place of Business,* 22 W. Fayette St *Address,* 283 N. Eden St

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84457 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

GENERAL AGENT JUN 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lentina Hesse

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Born

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 193 Hamburg St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* June 30 1885

*Undertaker,* C F Thomas & Son

*Place of Business,* 209 Hanover Address, 211 Hanover St

Leonard Gatje M. D.
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84458 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel H Ransom

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 16 *Days*

*Color,* (Colored)

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md.

*Duration of Residence in the City of Baltimore,* 2 Mth.

*Place of Death,* {Give Street and Number.} 10 Vincent Alley

*Cause of Death,* First (Primary), Enterocolitis.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cemetery

*Date of Burial,* June 29, 1885

*Undertaker,* Alf Hemsley

*Place of Business* Merchants *Address,*

T Ricketts M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 30 1883 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hemphead Mitchell

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 4 *Months,* 11 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 63 Johns Alley

*Cause of Death,* {First (Primary.) Want of proper nourishment
Second (Immediate.) Diarrhoea disturbed Cousins inanition

*Duration of Last Sickness,* Always delicate.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* June 29th 1883

*Undertaker,* Chas Hensley

*Place of Business,* 76 Orchard St

Wm Elbert Steele M.D.
Medical Attendant.

South Western Dispensary

*Address* 356 Park Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84460 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Frank

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* 8 *Months,* 25 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* {Give street and number.} 44 N. Amity St.

*Cause of death,* First, (Primary,) Acute Tuberculosis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* June 29th 1885

*Undertaker,* Peter Frey

*Place of Business,* 91 Eutaw Av.

Jas. Jordan M. D., Medical Attendant.

*Address,* 632 Lexington St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84461 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 29 1885

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie V. Deems

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* 13 mos.

*Place of Death,* {Give Street and Number.} 54 Woodward Pl.

*Cause of Death,* First (Primary), Teething

Second (Immediate), Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Boone Brea

*Date of Burial,* June 29th 1885

*Undertaker,* John J. Mackey

*Place of Business,* No 150 Lanvale St

Chas. E. Reese M. D.
Medical Attendant.

*Address,* 101 N. Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kaminski

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 28 *Years,* 10 *Months,* 12 *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Since Born

*Place of Death,* {Give street and number} 231 Wilkens Ave. Bet. Bond & Bank of East-on Road

*Cause of Death* {First, (Primary,) The Alleged Injury of Sunderland
Second, (Immediate,) Internal Hemorrhage

*Duration of last Sickness,* A few Hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Michaels Cemetary

*Date of Burial,* June 29th 1885.

C. H. Ruth M. D.

*Undertaker,* Leonhard Fritz

*Place of Business,* 277 S. Bond Street. *Address* 10 Ais Gunst 8

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84263 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 29 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Caldwell Mayer

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* 10 *Months,* 2 *Days*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 363 Park Ave

*Cause of Death,* First (Primary), Malarial fever

Second (Immediate), Asthenia

*Duration of Last Sickness,* About 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June 30th 85

*Undertaker,* Newell & Sons

*Place of Business,* Park Ave

E. Ellinwood M. D.
Medical Attendant.

*Address,* 17 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84464 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 28 June 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs A Schaffer

*Sex,* Male ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Not known

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Not known

*Duration of Residence in the City of Baltimore,* Not known

*Place of Death,* {Give street and Number.} Aged Mens Home

*Cause of Death,* First, (Primary.) Pneumonia & Bowels -

Second, (Immediate.)

*Duration of Last Sickness,* 4 Days

All the above Information should be furnished by the Physician.

*Place of Burial* Baltimore Cem

*Date of Burial* June 29th 85

*Undertaker,* Wm Fisher & Son

*Place of Business* Park & Saratoga

Geo H Dale M. D.,
Medical Attendant.

*Address,* Waverly Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84465 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a ~~Proper~~ Certificate.

HEALTH DEPARTMENT JUN 29 1885 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* June 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Viola Kelcher

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 5 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 32 Wilcox st

*Cause of Death,* First (Primary),

Second (Immediate), Cholera-Infantum

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Jany 29, 1885

*Undertaker,* Henry Koch

*Place of Business,* 309 Central av *Address,* 36 Fountain Ave

Silas M. Hunter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84166 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUN 29 1885 BALTIMORE MD.

# CERTIEICATE OF DEATH.

*Date of Death,* June 27 th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Moorman

*Sex, Male or Female,* { Cross out the word not required in this line. } female

*Age,* Years, 7 Months, 27 Days,

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* { Give street and Number. } 96 Somerset st.

*Cause of Death,* First (Primary), Sanitation

Second (Immediate),

*Duration of Last Sickness,* since born

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemt

*Date of Burial,* June 29, 1885

*Undertaker* Henry Hook

*Place of Business,* 389 Central ave Address, 325 E. Baltimore st

P. G. Dausel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore, 82

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPARTMENT JUN 29 1882

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Busch

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Iron worker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number} 316 S. Bond Street

*Cause of Death* First, (Primary.) Typhoid Fever

Second, (Immediate.) Perforation of intestine

*Duration of last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem. C. Hall Rutledge M. D.

*Date of Burial,* June 29th 1882 Medical Attendant

*Undertaker,* Wm. Sanders & Son

*Place of Business,* 952 Canton Ave. *Address,* 108 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84468 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Coleman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 35 *Years,* 4 *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* x x x

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 11 Philpot Alley

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 4 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* June 30th 85

*Undertaker,* Theobald Pierce

*Place of Business,* 35 Bank St *Address,* 227 E Baltimore

James E Emmitt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84469 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rutkowe

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 79 Caroline St

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Inanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Hebrew Cemetery

*Date of Burial,* June 29 —

*Undertaker,* F. N. Troll

*Place of Business,* 131 Hanover *Address,* 146 Hanover St

Howard Crike M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 1 1

The Special Attention of Physicians is respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84470 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1885 BALTIMORE MD

*Date of Death,* June 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Hackett.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* ——— *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 139 York St

*Cause of Death,* First (Primary), Intitis

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Shaws St Cemetery

*Date of Burial,* June 29th 1885

*Undertaker,* H Rost

*Place of Business,* Conway St

James A Steuart M. D.

Attending ~~Attendant~~ Physician

Comm'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E. Ruding - Inspector

No. 2 4 4 7 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84471 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Slow.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 4 *Months,* ——— *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 132 S. Eutaw St.

*Cause of Death,* First (Primary),

Second (Immediate), Chol. Infantum

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* June 29-1885

*Undertaker,* W. Jamison. James A. Steuart M. D.

*Place of Business,* Mulberry S/ *Address,* Comm'r of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning - Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84472 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Regina Graun

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 23 yrs

*Place of Death,* {Give Street and Number.} 7 S. Arunderton

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Collapse

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* 29th June

*Undertaker,* Wm. Julius Dippel

*Place of Business,* 151 S. Broadway

H. Thos. Steen M. D.
Medical Attendant.

*Address,* S. W. Cor. Ash & Rose

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84473

*Office of Registrar of Vital Statistics.*

6 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUN 30 1885

## CERTIFICATE OF DEATH.

*Date of Death,* 24 June 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg A. Ott.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* 11 *Months,* 10 *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Schuhmacher.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bavaria in Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} Mc Elderry Str extended,

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Malaria fever

*Duration of Last Sickness,* 15 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* June 27 th 1885

*Undertaker,* John Herrig

*Place of Business,* 782 Orleans St *Address,* 121 N. Broadway.

Robert Smithson M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84474 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} A M Hazel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* 15 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti City md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 518 Penna Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), 5 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* June 30.

*Undertaker,* Walter Emmel

*Place of Business,* 315 W Bidden *Address,*

H I Hirsch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84473 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1886 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimor

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St Vincents

*Cause of Death,* First (Primary), Asthenia & General Debility

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 or 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 30

*Undertaker,* Wm. Robinson

*Place of Business,* Division St

F. J. Flannery M. D.
Medical Attendant.

*Address,* Cor Wilson & Division

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84476 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 29 1885
BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 4 *Months,* ——— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents Asylum - Chas. St.

*Cause of Death,* First (Primary), Infantile

Second (Immediate), Exhaustion -

*Duration of Last Sickness,* 2 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 30.

*Undertaker,* Robt. Robinson

*Place of Business,* Division St

*Address,* Cor Wilson & Division

D J F Lowery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84477 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* *Months,* *Days*

*Color,* C.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carolina Co Va

*Duration of Residence in the City of Baltimore,* 5 Years

*Place of Death,* {Give Street and Number.} 3 Parish alley near Pratt

*Cause of Death,* First (Primary), Peritonitis Allopathic

Second (Immediate),

*Duration of Last Sickness,* one week

All the above Information should be furnished by the Physician.

*Place of Burial,* Frederick Md

*Date of Burial,* June 29 1885

*Undertaker,* W H Chase

*Place of Business,* 193 Howard

G. W. Norris M. D.
Medical Attendant.

*Address,* 193 Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special

[OVER.]

No. 0[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore,

Permit No. 84478 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the present state of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* June 28. 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles L. Hark-

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* [illegible] *Years,* [illegible] *Months,* 20 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Howard Co Md

*Duration of Residence in the City of Baltimore,* 3 mo. -

*Place of Death,* { Give street and Number. } 56 Trio St

*Cause of Death,* First (Primary). Cholera Infantum

Second (Immediate). Exhaustion

*Duration of Last Sickness.* 3 or 4 days

All the above information should be furnished by the Physician.

*Place of Burial* Levnel Cemetery

*Date of Burial* June 29 1885

*Undertaker* William N Dennis

*Place of Business,* 62 East St

A. Gwatts M D M. D.
Medical Attendant.

*Address,* 202 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. [illegible]

# Health Department, City of Baltimore.

Permit No. 84479

## Office of Registrar of Vital Statistics.

Ward 10 C1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 26. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janette Seymour

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* C

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co.

*Duration of Residence in the City of Baltimore,* 50 yr

*Place of Death,* {Give Street and Number.} # 56 Josephine St.

*Cause of Death,* First (Primary),

Second (Immediate), Tumour in Peritoneal Cavity

*Duration of Last Sickness,* 3 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* June 28 1885

*Undertaker,* Wilbur N Long

*Place of Business,* 62 Eutaw St

C. W. Neff M. D.
Medical Attendant.

*Address,* 306 W. Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84480 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Wm H. Johnson~~ 28th June 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Johnson

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* W.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 28 yrs

*Place of Death,* {Give street and Number.} Aged Mens Home.

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate,)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore City

*Date of Burial,* June 30th 85

*Undertaker,* H. W. Jenkins Son

*Place of Business,* Park & Saratoga

Geo H Estes M. D.,
Medical Attendant.

*Address,* 1 Waverly Terrace

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. [illegible]

# Board of Health, City of Baltimore,

Permit No. 84481 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH JUN 29 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Morning June 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Carey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* Five *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Five days

*Place of Death,* {Give street and Number.} 209 Hudson St

*Cause of Death,* First (Primary), Spasms

Second (Immediate), Spasms

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* June 29th 85

*Undertaker* G. Grance

*Place of Business,* Gantz & Wolf *Address,* 28 & Connell St.

J. Gerhard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 84482 *Office of Registrar of Vital Statistics.* **Ward** 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Morgan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 4 *Months,* ... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 1 N. Spring St

*Cause of Death,* First (Primary), cholera infantum

Second (Immediate), Convulsions ~~3 days~~

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 29- 1885

*Undertaker,* W. W. Madden

*Place of Business,* 46 East St *Address,* 196 E Baltimore St

Wm. H. Carlile M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8771/83 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Jan 29 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Eisenbrun

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 6 Months, 15 Days

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} √

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore.* All her time

*Place of Death,* {Give Street and Number.} 851 W. Balt. St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), exhaustion

*Duration of Last Sickness,* About 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* 30th 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balt St

Wm A Bruns M. D.
Medical Attendant.

*Address,* 226 McCulloh cor

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84484 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ivey
J. H. Love

*~~Sex~~, Male or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Foreman Shot Co. Co.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 3 weeks

*Place of Death,* {Give Street and Number.} 42 Pearl Alley

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), 4

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Hagerstown md

*Date of Burial,* June 30 1885

*Undertaker,* Geo W Perkins

*Place of Business,* 221 Hanover St

J. Howard Hoover M. D.
Medical Attendant.

*Address,* 108 Portland

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3787 Frazier

[OVER.]

Per

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 84485 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 29th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George. H. Lange

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* 26 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 1 Chestnut Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem(ry)

*Date of Burial,* June 30th 1885

*Undertaker,* Geo. Lemmert

*Place of Business,* 389 W Pratt St

I. C. Buchs M. D.
Medical Attendant.

*Address,* 151 Hanover St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84780 *Office of Registrar of Vital Statistics.* Ward 23d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Basehart

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 5 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 146 S. Caroline Street

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* 1 July 1885

*Undertaker,* John P. Tisch

*Place of Business,* 28 Hillman

James J. Stand M. D.
Medical Attendant.

*Address,* 472 E. Gait St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8742/87 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28-1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Ockerman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ..... *Months,* ..... *Days*

*Color,* Coll

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 8 Boston St

*Cause of Death,* First (Primary), Dropsy

Second (Immediate), .....

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 29th 1885

*Undertaker,* Saml W Chase

*Place of Business,* 198 S Eutaw St *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over}

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84488 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Collins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 75 Years, ..... Months, ..... Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer Eastern Shore

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* about 30 years

*Place of Death,* {Give Street and Number.} 306 S. Eutaw St.

*Cause of Death,* First (Primary), Hypertrophy of the Heart:

Second (Immediate), Dropsy

*Duration of Last Sickness,* About 5 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpsteen's

*Date of Burial,* June 30 1885

*Undertaker,* Hercules Rom

*Place of Business,* 95 E. Lan Wayne *Address,* Southern Dispensary

J. D. White M. D.
Medical Attendant.

HEALTH DEPARTMENT JUN 30 1885 BALTIMORE MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Permit No. 84489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

BOARD OF HEALTH JUN 30 1885 BALTIMORE MD.

*Date of Death,* June 30. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mary Leipold

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City & life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 44 Etting Street

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Wasting

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 1st 1885 Mabury Brewer M.D.,

*Undertaker,* John E. Hough & Co Medical Attendant.

*Place of Business,* 320 Penna Ave *Address,* 68 N. Eutaw St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 84490

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84490 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Washington

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 14 yrs

*Place of Death,* {Give Street and Number.} 4 Mulberry Ct

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Harp St Cemetery

*Date of Burial,* June 30th 1885

*Undertaker,* Wm M Lemmon

*Place of Business,* Address, Camden bet L

Thomas Stone M. D.
Attending

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. E. Roberts Sanit. Inspector

No. 8474

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8474 91 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalia Josephina Haiberg

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* . . . *Years,* "Five" *Months,* . . . . *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} . . . . . .

*Occupation,* . . . . . .

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No 1 Broadway Extended

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two (2) days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* July 1st 1885

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St

Jno. Schnell M. D.
Medical Attendant.

Address, 20 Gay St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84492

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84492 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPARTMENT JUN 30 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 28

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Schwartz

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 1 *Years,* 6 *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B City

*Duration of Residence in the City of Baltimore,* 1 y 6 m

*Place of Death,* {Give Street and Number.} 5 Eliz. Lane

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 30

*Undertaker,* B. Hartz

*Place of Business,* 82 West St *Address,* 82 W. St

R M P Elliott M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 84493

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84493 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah E Weeks

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 7 *Months.* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 462 Monument

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Inanition

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 30/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 319 Wallis

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 54494

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8494 — *Office of Registrar of Vital Statistics.* — Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 30 1885

BALTIMORE MD

## CERTIFICATE OF DEATH

*Date of Death,* June 28 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Buchanan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* — *Days*

*Color,* c d

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 48 Marion St

*Cause of Death,* First (Primary), —

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 30/85

*Undertaker,* W. H. Bosley

*Place of Business,* Druid Hill Ave

I Alex. A. Sloan M. D.

~~Medical Attendant~~

*Address,* Cor Gilmor & Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown
Funeral Undertaker

No. 84495

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore,

**Permit No.** 84495 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } William Heilos

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 70 *Years,* ____ *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 46 yrs

*Place of Death,* { Give street and Number. } 73 Somerset

*Cause of Death,* First (Primary), Gastric catarrh

Second (Immediate). Shock following fall Down stairs

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* July 1, 1885

*Undertaker* Henry Hoeck

*Place of Business,* 309 N Entrance *Address,* 93 Hanover

F. Adams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore

No. 84496

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84496 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 30 1885

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Franke

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1414 N. Stricker St

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Peters Cemetery

*Date of Burial,* June 30 th

*Undertaker,* Andrew Rohde

*Place of Business,* 4 y Penna Ave

J. W. Rickert M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87497 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solamon Alexander Nicholson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days*

*Color,* ~~bla~~ colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Drayman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt'o Md.

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 139 Vincent Alley

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* June 30th

*Undertaker,* Wm Henson

*Place of Business,* 24 Pocahontas Address. 226 Mulberry St.

Louis C. Horn M. D.
per E.H.K. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84498

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84498 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia E. Reed

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 59 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* House-keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 302 W. Pratt St

*Cause of Death,* First (Primary), Abcess in the Liver

Second (Immediate),

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 1st

*Undertaker,* John J. Bowman

*Place of Business,* 89 Hollins St

B. F. Phillips M. D.
Medical Attendant.

Address. 311 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 84499

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84499 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Poligono (Palacarlo)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 10 *Months.* ... *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 20 W. Pratt St.

*Cause of Death,* First (Primary), Chronic diarrhoea & Bronchitis

Second (Immediate), Effusion of water upon brain about 8 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* June 30th

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw

J. H. Hoffmann M. D.
Medical Attendant.

*Address,* 279 W. Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will...

No. 14500

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84500 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th/1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Lawrence

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 22 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

*Duration of Residence in the City of Baltimore,* 15 yrs. in city

*Place of Death,* {Give Street and Number.} 73 Chapel alley court.

*Cause of Death,*
First (Primary),
Second (Immediate), Acute Pneumonia

*Duration of Last Sickness,* 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pratt Cemetery

*Date of Burial,* June 30th/1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Place *Address,* 96 S. Ann St.

C. V. Gorwiler M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84501

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore,

**Permit No.** 84501 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 30 18 BALTIMORE

C

# CERTIFICATE OF DEATH.

*Date of Death,* June 29 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. White

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 6 *Months,* 22 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore - Md -

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 97 William St.

*Cause of Death,* First (Primary), Acute Bright's

Second (Immediate), Coma -

*Duration of Last Sickness,* About - 3 weeks -

the above info mation should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cemetery

*Date of Burial,* 1/6/ 85

*Undertaker* Anthony J. Denny

*Place of Business,*

Henry Chandlee M. D.
Medical Attendant.

*Address,* 181 Linden Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84502 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Keziah Turner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 87 *Years,* ..... *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 65 yrs

*Place of Death,* {Give Street and Number.} 111 Barnard

*Cause of Death,* First (Primary), old age

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* 29th 85

*Undertaker,* Gudbrod & Duvall

*Place of Business,* No 2632 Mt St

H. W. Mebus M. D.
Medical Attendant.

*Address,* 57 Barnard st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and cause and date of death.

[OVER.]

No. 84203

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84503 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 30 1885
BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Cloonan

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* *Years,* 7 *Months,* 29 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 41 Cracksie at Locust Point

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* July 1st 85

*Undertaker* Daniel Flynn

*Place of Business,* 102 West St

P. S. Dausch M. D.
Medical Attendant.

*Address,* BALTIMORE, Md.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84504 *Office of Registrar of Vital Statistics.* Ward 20'11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE JUN 30 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 30. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irving Jackson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 9 *Days*

*Color,* Ed

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 107 L. Georges St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Spasms

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* E.V. Park Cemetery

*Date of Burial,* June 30/85

*Undertaker,* F. A. Hoxton

*Place of Business,*

Geo. A. Fleming M. D.
Medical Attendant.

*Address,* Fountain Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84505 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 30 1895

## CERTIFICATE OF DEATH.

*Date of Death,* June 27. 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Haltine

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ 3½ *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti. city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery and Child's Hospital

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Londenderry

*Date of Burial,* Jun 30

*Undertaker,*

*Place of Business,* 201 E ... *Address,*

C. F. Bryan *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84506 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE DEPARTMENT OF HEALTH JUN 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W Bradley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* / *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 223 W. Lanvale st

*Cause of Death,* First (Primary), Whooping cough

Second (Immediate), Pneumonia

*Duration of Last Sickness,* about 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 30 1885

*Undertaker,* Henry Hueck

*Place of Business,* W. Centre Lane

Wm. A. Jones M. D.

Coroner Medical Attendant.

*Address,* 226 N. Eden st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

# Board of Health, City of Baltimore,

Permit No. 84507 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Margareth Benzing

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 46 *Years,* 7 *Months,* 12 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give street and Number.} 105 S. Chapel st

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 4 years.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Aloysius Cem.

*Date of Burial,* July 2nd '85

*Undertaker* G. France

*Place of Business,* Bank & Wolfe Sts. *Address,* [illegible]

J. G. Dausch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84508 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 29. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa A. Jaeckel

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 6 *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Home

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 377 E. Lombard St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Athanasius Cem

*Date of Burial,* July 1st 85

*Undertaker,* G. Frank

*Place of Business,* Frank & Wolfe Co *Address,* 392 E. Pratt

G. G. Luck M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible]

# Board of Health, City of Baltimore,

3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, JUN 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Davidson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Chemist

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number.} 17 S. Broadway

*Cause of Death,* First (Primary,) [illegible] 4 days?

Second (Immediate,) Gangrene

*Duration of Last Sickness,* (2?) attended by me during 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt

*Date of Burial,* July 1st 1885

*Undertaker,* Dorsey & Mitchell

*Place of Business,* 658 Broadway

Address 137 Park Ave

S. Sloane Tiffany M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84570 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 30 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence McCauley

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* 5 *Months,* 29 *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* ~~[illegible]~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Florida

*Duration of Residence in the City of Baltimore,* Several years

*Place of Death,* {Give Street and Number.} No. 380 Hollins Street

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Wasting — asthenia

*Duration of Last Sickness,* About two years.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 1st 1885

*Undertaker,* F. Lewis Schaaf

*Place of Business,* 109 N. Fremont

R. Ridgely Hammond M. D.
Medical Attendant.

Address, Cor. Calhoun & Hollins Sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

# Board of Health, City of Baltimore,

Permit No. 8451 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUN 30 1885 BALTIMORE MD.

*Date of Death,* 6-30-85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenny Price

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 8 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 8 mo

*Place of Death,* {Give street and Number.} 1 Jackson Ct

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 1st 1885

*Undertaker,* F. Lurz Schaaf

*Place of Business,* 109 N Freeb'g

Edwd L Cashmary M. D., Medical Attendant.

*Address,* 249 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 84512 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kirk

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 75 *Years,* *Months,* *Days*

*Color,* W

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} # 156 - Dolphin St -

*Cause of Death,* First (Primary), Heart - Disease

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 1st 1885

*Undertaker,* H. Lewis Schafer

*Place of Business,* 1091 Fremont *Address,*

H & Houck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 84313

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

## *Office of Registrar of Vital Statistics.*

Ward 16th

Permit No. 8451/3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1885 BALTIMORE MD

# CERTIFICATE OF DEATH

1885

*Date of Death,* 29th June

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Riley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* ..... *Months,* ..... *Days*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,* House-work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 8. Years

*Place of Death,* {Give Street and Number.} 213. Hamburg St.

*Cause of Death,* First (Primary), Chronic - hepatitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4. weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpt cemetery

*Date of Burial,* July 1885

*Undertaker,* Herculer Roar

*Place of Business,* 95 Corn West *Address,* 146. Hill St.

L. D. Gill M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84574 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 1 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Yellott

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days,*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Last time 7 years

*Place of Death,* {Give street and Number.} Union Protestant Infirmary

*Cause of Death,* First, (Primary.) Softening of the Brain

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician

*Place of Burial,* Greenmount Cem

*Date of Burial* July 1st 1885

*Undertaker,* New Ens Co Hens

*Place of Business,* Park & Saratoga

C. Fawcett M. D.
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

KODAK SAFETY FILM

No. 04015

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87515 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Franke

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1414 N Stricker

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Saint Peters Cemetery

*Date of Burial,* July 1st

*Undertaker,* Andrew Robb

*Place of Business,* Penna Ave *Address,*

L Rickert *M. D.*

**Medical Attendant.**

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

# Health Department, City of Baltimore.

Permit No. 84576

## *Office of Registrar of Vital Statistics.*

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 1 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Drexel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 4 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 213 Pierce st

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), asthenia

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 1.

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

Jas. E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84517

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84517 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK'S OFFICE JUL 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* June 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker;

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give Street and Number.} # 157 McElderry Street

*Cause of Death,* First (Primary), Chronic Hepatitis

Second (Immediate),

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Thursday July 2d

Samuel Powell M. D.
Medical Attendant.

*Undertaker,* Knight Spencer & Co

*Place of Business,* W E Baltimore St *Address,* # 29 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases

# Health Department, City of Baltimore.

Permit No. 84518 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY REGISTRY OF VITAL STATISTICS JUL 1 1885 DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Hodges Hodges

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 9 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 9 yrs

*Place of Death,* {Give Street and Number.} 1292½ S. Durgan Ave.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Marasmus

*Duration of Last Sickness,* Once Day - During Illness

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church, Com.

*Date of Burial,* July 1st 85

*Undertaker,* E. France

*Place of Business,* 1 Pratt & Wolfe Sts *Address,*

G L Wilkins M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84519 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Flaherty

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 20 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nothing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Sixteen

*Place of Death,* {Give Street and Number.} 79 N Calvert St

*Cause of Death,* First (Primary), Cerebral Disease

Second (Immediate), Coma

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 2nd 1885

*Undertaker,* Charles F Cranwell

*Place of Business,* Eager & Valley Sts

E Van Hood M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84520

## *Office of Registrar of Vital Statistics.*

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella L. Chalk.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 6 *Months.* ——— *Days*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 245 N. Mount st.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 36 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 2d /85

*Undertaker,* Chas. W. Semmes

*Place of Business,* 271 N. Eutaw.

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84521 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Schumlow

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* One *Months.* *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 867 S. Exeter

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* Three (3) days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* July 2th 1885

*Undertaker,* Wm. Nicolaus

*Place of Business,* 258 Alice Ann, *Address,* 867 S. Exeter

G. Winslow M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84522. *Office of Registrar of Vital Statistics.* Ward 15.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hoffman (Dwie)

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 1½ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} National

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 214 Light St

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 1st 1885

*Undertaker,* Ernest Schlosman

*Place of Business,* 199 S Chas. St.

Chas. E. Adams M. D.

Comm. of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Chas. E. Adams - Inspector

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84523. *Office of Registrar of Vital Statistics.* Ward 15.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hoffman

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} (Twin)

*Age,* ——— *Years,* ——— *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 214 Light St

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 1st 1885

*Undertaker,* E. D. Lonman

*Place of Business,* 1991 Shank

James F. Steuart M. D.

Coroner's Assistant

Asst Health Registrar

*Address,*

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Ensing Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8452 *Office of Registrar of Vital Statistics.* Ward 1 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1 1885 BOARD OF HEALTH

## CERTIFICATE OF DEATH. B

*Date of Death,* June 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Limberry

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 413 D. Dunham st

*Cause of Death,* First (Primary), Remittent Fever

Second (Immediate), Mental Consumption

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* July 1st 1885

*Undertaker,* John E Grace

*Place of Business,* Scarlett 142

H. A. Smith M. D.
Medical Attendant.

*Address,* Balto & Front Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84525 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* June 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kidden

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* House wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 17 Years

*Place of Death,* {Give Street and Number.} N 415 Canton Ave

*Cause of Death,* First (Primary), Insanity

Second (Immediate) Hanging by the Neck (Suicide)

*Duration of Last Sickness,* 2 D.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Luth. Cem

*Date of Burial,* July 1st 1885

*Undertaker,* Wm Sander & Son

*Place of Business,* 252 Canton Ave, *Address* 108 Aisquith St

E. Hall Ruckert M.D.

Medical Attendant.

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84526 *Office of Registrar of Vital Statistics.* Ward 9 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 1 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jerrehamm

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} Camden St No 96 S

*Cause of Death,* First (Primary), —

Second (Immediate), Meningitis

*Duration of Last Sickness,* 10 or 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* July 3rd 85

*Undertaker,* C F Kaul

*Place of Business,* 642 W Balt St

Lud Bell M. D.
Medical Attendant.

*Address,* 161 Lee St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84527 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1885 BALTIMORE MD.

*Date of Death,* June 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Catherine Lee

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 12 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Father Joseph Lakeland

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Parent Lemains

*Place of Death,* {Give street and Number.} 136 Hare st

*Cause of Death,* First, (Primary,) Diphtheritic Croup

Second, (Immediate,) .....

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. James Cemetery

*Date of Burial,* July 2, 1885

*Undertaker,* Fr. Enoch & Co.

*Place of Business,* 249 W. Pratt

E H Tanner M. D., Medical Attendant.

Address, 83 Canton Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last [illegible]

# Board of Health, City of Baltimore,

Permit No. 84528 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH

*Date of Death,* June, 29. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Ackword.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days,*

*Color,* Colored.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} —

*Occupation,* House-maid.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 98. Chestnut. Street.

*Cause of Death,* First, (Primary.) Fibroid tumor of womb.

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 8 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery

*Date of Burial,* July 1 1885

*Undertaker,* Wilson N Dunger

*Place of Business,* 62 East St

J E Heard. M. D.,
Medical Attendant.

*Address,* 216 E Monument St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84329 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Ward Blair

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 - 35 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Sales Man

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Fredericktown, Ohio

*Duration of Residence in the City of Baltimore,* About 5 Years

*Place of Death,* {Give Street and Number.} # 70 South Stuart St

*Cause of Death,* First (Primary) Compression of the Skull - &
Dislocation of the Neck - from an-
Second (Immediate) Accident in Jail - from 3rd Story of
house No 70 Stuart St.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Fredericktown Ohio

*Date of Burial,* July 2nd.

*Undertaker,* J. H. Small

*Place of Business,* # 131 Hanover

Geo. Abell M. D.
Medical Attendant.

Address, 101 S. Stuart

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

5789 Interest

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84530 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jefferson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* about 45 or 50 *Years,* ..... *Months,* ..... *Days*

*Color,* Negro

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer - During the War was cook with Stonewall Jackson

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Long Ears

*Place of Death,* {Give Street and Number.} 95 Moore Ave

*Cause of Death,* First (Primary), Cirrhosis of liver & Acute regurgitation

Second (Immediate), ~~—~~

*Duration of Last Sickness,* 8 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Stuart St

*Date of Burial,* July 2nd 1885

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St *Address,* Dallas Tex

N. M. Wilson M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84753 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Young

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} S E S Gilmor

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Mont Olivet Cemetery

*Date of Burial,* July 3

*Undertaker,* L B Cook

*Place of Business,* 707 W Baltimore

James Bosley M. D.
Medical Attendant.

*Address,* 319 Hollins ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is called to the Rules and Regulations on the other side of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE

*Permit No.* 84534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Loker

*Sex,* ~~Male or~~ *Female,* {Cross out the words not required in this line.}

*Age,* ..... *Years,* Two *Months,* Seven *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Infant.

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} 160 Madison St. Balto.

*Duration of Residence in the City of Baltimore,* Two Months 7 days

*Place of Death,* {Give street and number.} 160 Madison St.

*Cause of Death,* First (Primary.) Marasmus.

Second (Immediate.)

*Duration of Last Sickness,* One Month.

All the above information should be furnished by the Physician.

*Place of Burial,* Bacons Whf St. Mary's Co. Md.

*Date of Burial,* July 3/85

*Undertaker,* J. B. Cook

*Place of Business,* 709 E. Balto St.

Geo Dillon M. D.
Medical Attendant.

*Address,* 246 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3790 Transcript

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the Rules on the Reverse Side.

# Health Department, City of Baltimore.

Permit No. 84533 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE

## CERTIFICATE OF DEATH.

a

*Date of Death,* June 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon Ellis

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days*

*Color,* Black

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 7 Hulls Lane

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury E. Cemetery

*Date of Burial,* July 2nd 1885

*Undertaker,* Saml W Chase

*Place of Business,* 198 S. Howard St *Address,* 36 Grimmett Ave

Gibson Hunter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84534 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 5 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 72 Portland St

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 mo —

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 2

*Undertaker,* B. Hart

*Place of Business,* 62 West Pratt

J. M. Clark M. D.

Medical Attendant.

*Address,* Balto Gen Disp

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

# Health Department, City of Baltimore.

Permit No. 84535 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 2 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Richards

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months.* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} S.E. Cor William & Hanbury Sts

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* ~~Last~~ Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Wortons Cemetery

*Date of Burial,* July 3

*Undertaker,* B. Hook

*Place of Business,* 82 West St

Robert J. Cowen M. D.
Medical Attendant.

*Address,* 333 Light St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84536 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Lowe

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 270 Calhoun St

*Cause of Death,* First (Primary), Indigestion

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 3rd 1885

*Undertaker,* Mathieu Ludoon

*Place of Business,* 227 Mulberry *Address,*

H J Houck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 84,537 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schweitzofskie

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} F.

*Age,* 34 *Years,* — *Months,* — *Days*

*Color,* W.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Five years.

*Place of Death,* {Give Street and Number.} 62 Lancaster St.

*Cause of Death,* First (Primary), Puerperal fever from Miscarriage

Second (Immediate), Heat coma.

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* 2 July

*Undertaker,* Kendelin Dippel

*Place of Business,* 151 E. Pond, *Address,* 15 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 847538 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. L. Seigman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 9 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 237 Argyle Ave

*Cause of Death,* First (Primary), Premature Labor

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 2/1885 O. J. Stouck M. D.

*Undertaker,* Or H. H. Seigman Medical Attendant.

*Place of Business,* 237 Argyle Ave *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 84539

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84539 *Office of Registrar of Vital Statistics.* Ward 4 11 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 2 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give name of parents.} Johanna Schlichter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 75 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 95 E. Lombard St

*Cause of Death,* First (Primary), Senility

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery Baltimore

*Date of Burial,* July 3d 1885

*Undertaker,* Chas F. Evans & Co

*Place of Business,* Eagle & Fayette *Address,* 108 Eager & Fairfield

S. W. Shuer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore, 12

Permit No. 84240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gregory Moffit

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* 25 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 44 McMechen Street

*Cause of Death,* {First (Primary,) Hydrocephalus. / Second (Immediate,)}

*Duration of Last Sickness,* about one month

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 3rd 1885

*Undertaker,* Henderson & Son

*Place of Business,* Pratt & Paca

Chas. Moffit M. D.
Medical Attendant.

*Address* 167 E Balto St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84541 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 1st 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mabel Warren

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* two *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ohio

*Duration of Residence in the City of Baltimore,* Infant

*Place of Death,* { Give street and Number. } 614 Bank St

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* Infancy

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 2 1885

*Undertaker,* William Ewing

*Place of Business,* 12 East St

H. Shuman M. D.,
Medical Attendant.

*Address,* 41 N Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84572 *Office of Registrar of Vital Statistics,* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 2 1885
BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* June 30 1885.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Wallace

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ { Cross out the word not required in this line. }

*Occupation* Infant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* 11 months

*Place of Death,* { Give street and Number. } 621 Bruce Aly.

*Cause of Death,* First (Primary), Inanition

Second (Immediate), "

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Ave Balto Co

*Date of Burial,* July 2 1885

*Undertaker* Wilhamlinger

*Place of Business,* 62 East st

J. J. Johnston M. D.
Medical Attendant.

*Address,* 506 Mad. Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 84543 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 2 1885
BALTIMORE MD

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 2 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace E Miller

*Sex,* ~~Male~~ *or Female.* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* 3 *Days,*

*Color,* White

*Married, Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.} Single

*Occupation* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death.* {Give street and Number.} 16 O Donnell St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Inanition Convulsion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Battle Cemetery

*Date of Burial,* July 3rd 1885

*Undertaker* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 28 O Donnell St

J E Prichard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84574 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

JUL 2 1885

*Date of Death,* 1 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Gueske

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 56 *Years,* 3 *Months,* 21 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Prussia 29 years

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give Street and Number.} 174 Gurman Street

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Gangrene of Lung

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 3 July 1885

*Undertaker,* P. H. Leonard

*Place of Business,* 7 Eutaw St. *Address,* 211 N. Howard St.

L. F. Reinhart M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the use of Blanks of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8454 *Office of Registrar of Vital Statistics.* Ward √

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 2 1885

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Browne

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 2 *Months,* 15 *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City √

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 21 N. Central Av

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Inanition

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 3 1885

*Undertaker,* Henry C. Gill

*Place of Business,* 4 & McCauley Address, 1962 E. Baltimore

Wm. Hall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8752/6 *Office of Registrar of Vital Statistics.* Ward 16 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Addison

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 ~~6~~ *Years,* ..... *Months,* 16 *Days*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 184 Dover St.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Collapse

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* July 3 1885

*Undertaker,* Hercules Ross

*Place of Business,* 25 Low West *Address,*

Wm Gomer *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 84347 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Graham

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 66 Booth St.

*Cause of death,* First, (Primary,) Traumatic Erysipelas

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* July 2nd /85

*Undertaker,* Jos. B. Cook

*Place of Business,* 707 W. Balto

J. W. Clark M. D.,

Medical Attendant.

*Address,* Balto Gen Dispy

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 87528 *Office of Registrar of Vital Statistics.* Ward 14 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 2 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 2 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Belcher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 9 Months, 2 week 1 Day

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 10 Linmore st

*Cause of Death,* First (Primary), ~~Teething~~

Second (Immediate), Convulsions.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 3 rd 1885

*Undertaker,* Jos B Coates

*Place of Business,* No 707 W Baltimore *Address,* 317 W Lombard

A. J. Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84529 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milford W. Wright

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — —

*Occupation,* — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} N. E. Central Ave & Billett st

*Cause of Death,* First (Primary), Ignition

Second (Immediate), .....

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Holle Com

*Date of Burial,* July 3rd 85

*Undertaker,* G. Trance

*Place of Business,* Frank & Wolf *Address,* 228 E. Pratt st

M. B. Billingslea M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and C...

# Health Department, City of Baltimore.

Permit No. 47530 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora A Simpson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 16 Fred ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 2/85

*Undertaker,* J. B Cook

*Place of Business,* 707 W Balt *Address,* 319 Hollins ave

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FI...

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore,

(14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 30. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Adams (?)

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 8 weeks *~~Years~~,* *Months,* *Days.*

*Color,* Colored *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Hominy Lane

*Duration of Residence in the City of Baltimore,* Lifetime —

*Place of Death,* {Give street and number.} 134 Hominy Lane

*Cause of Death,* First (Primary,) Improper Food —

Second (Immediate,) Cholera Infantum —

*Duration of Last Sickness,* Week —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery C. H. Holbrook M. D.

*Date of Burial,* July 2d 1885 Medical Attendant.

*Undertaker,* Wm Ruff & Son

*Place of Business,* 62 East st *Address* 185 N. Caroy st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87532 *Office of Registrar of Vital Statistics.* Ward 6 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE

*Date of Death,* July 2, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Lee

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 5 N. Washington St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* July 3rd

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Front *Address,* 24 Bond

Wm. H. Kelly M. D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84533 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD

*Date of Death,* 2 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. G. W. Springs

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ——

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 314 Jefferson St.

*Cause of Death,* First (Primary), Bronchio Pneumonia.

Second (Immediate), Apnea.

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 4th 1885

*Undertaker,* Denby & Mitchell

*Place of Business,* 65 S Broadway

A. F. Leonard M. D.
Medical Attendant.

*Address,* 314 E Pratt St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84532 *Office of Registrar of Vital Statistics,* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT BALTIMORE MD. AUG 3 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Kelly

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt: Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 424 Mulberry St

*Cause of Death,* First (Primary), General Debility

Second (Immediate). Gastro- Enteritis

*Duration of Last Sickness,* 4 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 3rd 1885

*Undertaker* Matthew Cadogan

*Place of Business* 227 Mulberry St *Residence,* 371 Eutaw Place

Thos. S. Latimer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84533 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 3 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Meehan

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give Street and Number.} 477 E Lombard St

*Cause of Death,* First (Primary), Melancholia

Second (Immediate), Exhaustion from Starvation &c

*Duration of Last Sickness,* About 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* July 4/85

*Undertaker,* M. E. Curran

*Place of Business,* 53 S Broadway

Chas O'Donovan M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84356 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 3 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* 2 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ender

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 518 W Patt Street

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Weakness

*Duration of Last Sickness,* 4 week

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 3 1885

*Undertaker,* Geo. Steinbach

*Place of Business,* 382 W Pratt St. *Address,* 211 N Howard Street

[illegible] *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to this [illegible]

# Health Department, City of Baltimore.

Permit No. 8463 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD.

*Date of Death,* July 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Hunt

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 3 *Months,* 27 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 154 Scott st

*Cause of Death,* First (Primary), Pulmonary Consumption.

Second (Immediate),

*Duration of Last Sickness,* 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 4th 1885

*Undertaker,* [illegible]

*Place of Business,* [illegible]

J. H. Cairns M.D.
Medical Attendant.

*Address,* 76 S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the Rules on the back.

# Health Department, City of Baltimore.

Permit No. 84538 *Office of Registrar of Vital Statistics.* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JUL 3 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Stuley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 4 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 137 W. Lanvale st

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asphyxia: obstruction of wind pipe

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* July 3rd 85

*Undertaker,* Hellenthal & Son

*Place of Business,* East Fayette

S. C. Chew M. D.
Medical Attendant.

*Address,* 1311 W Lanvale st

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to [illegible]

# Board of Health, City of Baltimore,

Permit No. 84,559

*Office of Registrar of Vital Statistics.*

3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUL 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 2. July 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick W. Thomas.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 3 *Months,* 4 *Days.*

*Color,* white

*~~Married, Single, Widow or Widower.~~* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 288 E. Layette st.

*Cause of Death,* First, (Primary.) Inflamatio cerebri

Second, (Immediate.) Spasmi.

*Duration of Last Sickness,* two days

The above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* July 3rd 1885

*Undertaker,* Fred Goede

*Place of Business,* 298 S. Caroline

Robert Antrot M.D.,
Medical Attendant.

*Address,* 121 N. Broadway.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

# Board of Health, City of Baltimore,

Permit No. 84360 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 5 1885

A

# CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsa Chaney

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 10 Months, Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 820 Barre St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 3 days

All the above information should be furnished to the Physician.

*Place of Burial,* Prospect Cem. Fred. Co. Md

*Date of Burial,* July 3/85

*Undertaker* Gorsuch

*Place of Business,* 183 Columbia Av. *Address* 136 Columbia ave

Geo R Graham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3791 Transcribed [OVER.]

# Health Department, City of Baltimore.

Permit No. 8436 / *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1883 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thomas Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Sheet-iron Worker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 419 N. Gay

*Cause of Death,* First (Primary), Dyspepsia from Intemperance

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis Md.

*Date of Burial,* July 4th 1883

*Undertaker,* Adams Bros

*Place of Business,* 461 N. Gay St

E. B. Fenby, M. D.
Medical Attendant.

*Address,* 283 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3793 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84562 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dreuting

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 70 *Years,* 10 *Months,* 11 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 years

*Place of Death,* {Give Street and Number.} 182 Hamburg St.

*Cause of Death,* First (Primary), Regurgitation of Mitralis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 7 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* July 5th 1885

*Undertaker,* H. H. Seward

*Place of Business,* 33 S. Eutaw *Address,* 170 S Shark St.

Wm Gonkel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84563 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 2. '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Kalw

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Austria, unknown

*Duration of Residence in the City of Baltimore,* Two weeks

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Epithelioma of palate

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* Chal D Chalom Cem.

*Date of Burial,* July 5th 1885

*Undertaker,* Wm Tickner

*Place of Business,* 151 Eutaw St. *Address* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84564 *Office of Registrar of Vital Statistics.* 11th Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 3 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 - 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Schaeffer

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* ——— *Months.* ——— *Days*

*Color,* Wht.

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pa. ———

*Duration of Residence in the City of Baltimore,* 3 mos 5.

*Place of Death,* {Give Street and Number.} N.E. Cor. Centre & North Sts.

*Cause of Death,* First (Primary), Burns of the 1st. deg., covering

Second (Immediate), Every portion of the body.

*Duration of Last Sickness,* 5 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Shermantown Pa

*Date of Burial,* July 3d

Alexander Hill, M. D.
Medical Attendant.

*Undertaker,* H. C. Windefeld

*Place of Business,* Go Germantown Ave *Address,* Coroner Cent. Dist.

After the Coroner's Inquest was held.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3795 Travers

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

# Health Department, City of Baltimore.

Permit No. 84565 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUL 3 1883

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wanning W. Gantt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto -

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 657 Lexington St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Brooks Station Stafford Co Va

*Date of Burial,* July 3 1883

*Undertaker,* Lochner & Mitchell

*Place of Business,* 550 W Fayette

Edw F. Michrlenz M. D.
Medical Attendant.

*Address,* 283. W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3794 Transcript

# Health Department, City of Baltimore.

Permit No. 84566 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 31 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Thomas Brickhouse

*Sex, Male ~~or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 2 *Months,* ..... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 4 Forest st

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 27th 1885

*Undertaker,* J. H. Madden

*Place of Business,* ~~246~~ East Dr st

J. D. Gatch M. D.
Medical Attendant.

*Address,* 137 Orleans

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84567 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1885 2 PM

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fox

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Pattern Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Fracture of Skull

Second (Immediate), Coma

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 4th 1885

*Undertaker,* Charles T Evans & Co

*Place of Business,* Eager Valley St

E Van Hook M. D.
Medical Attendant.

*Address,* City Hosp

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] Diseases on Back of this Cer[illegible]

# Health Department, City of Baltimore.

Permit No. 84368 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. JUL 3 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph & Josephine Shimek (Parents)

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 Hours ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 345 N Washington st

*Cause of Death,* First (Primary),

Second (Immediate), Asthania

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* National Bohemian Cem

*Date of Burial,* July 3rd 1885

*Undertaker,* F. Scwach + Co

*Place of Business,* Alleghany St *Address,* [illegible] Ave

James A Steuart M. D.

~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of Sickness on Back of this.

# Board of Health, City of Baltimore,

Permit No. 84569 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred A. Keato

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 34 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Painter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and Number.} 24 Valley street

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* about 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* July 3rd 1885

*Undertaker,* Wm H. Huckman

*Place of Business,* N 234 St. Paul

James E. Litsford M. D., Medical Attendant.

*Address,* 195 Aisquith Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Following Notice.

# Health Department, City of Baltimore.

Permit No. 87570 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 — 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Marie Trumbo

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 10 *Months,* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Cor. Fmt & Plowman

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Meningitis

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 3rd 1888

*Undertaker,* Jas O'Byrne

*Place of Business,* 63 Fmt *Address,* 1 So. Eutaw St.

F. F. Mayer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 84571 *Office of Registrar of Vital Statistics.* Ward 11 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE
JUL 3
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gardner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* 6 *Months,* 11 *Days,*

*Color,* Black.

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None. Porter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth,} Annapolis Md.

*Duration of Residence in the City of Baltimore,* 12 years.

*Place of Death,* {Give street and Number.} No 37 Jessick St

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* About three months.

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cem.

*Date of Burial,* July 4th 1885

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry

L. E. Ade M. D.,
Medical Attendant.

*Address,* 1405 N. Calvert

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 84572 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* —— *Days* 1

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* July 3d

*Undertaker,* Robt Johnson.

*Place of Business,* Division & Monument

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84373 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 - 1885 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary —

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, Days

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First (Primary), Marasmus!

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above Information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 3/85.

*Undertaker,* R. Robinson

*Place of Business,* Division & Monument

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem ave & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8457 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Bena

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months.* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* about 19 Years

*Place of Death,* {Give Street and Number.} 17 Plum alley.

*Cause of Death,* First (Primary), Abdominal Abscess

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* about 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 4th 1885

*Undertaker,* H Rose

*Place of Business,* [illegible] *Address,* [illegible]

J. M. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84575 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 2.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Bolender

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 50 *Years,* 3 *Months,* 29 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} No 20 Stockholm St

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* Suddenly

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 5th Inst

*Undertaker,* B. Nade

*Place of Business,* 82 West

J. C. Burch M. D.
Medical Attendant.

*Address,* 15 Hanover St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84576 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Reith Jr

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* — *Months.* — *Days*

*Color,* wh

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 170 Bank St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 4th '85

*Undertaker,* G. Grance

*Place of Business,* Frank & Wolfe Address, Bad & Gran

Jno Gemmings M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Rubrics below, and to Rule 37 printed on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84577 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1895 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Scott Thomas Bessel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* —— *Months.* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 169 Burgundy

*Cause of Death,* First (Primary),

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* July 4 1895

*Undertaker,* Henry Koch

*Place of Business,* 209 N Eutaw *Address,* 157 Lanvale

Wm D Gatch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84578 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 3 1883

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. W. Nunnas

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Resident of Richmond Va

*Place of Death,* {Give Street and Number.} Germania Manchester Hall W. Lombard

*Cause of Death,* First (Primary), Suddenly of

Second (Immediate), heart disease

*Duration of Last Sickness,* about two minutes

All the above Information should be furnished by the Physician.

*Place of Burial,* Richmond Va

*Date of Burial,*

*Undertaker,* P. H. Fennald

*Place of Business,* 36 S. Eutaw Address 326 Hollins

Wm A Lunn M.D.

~~Medical Attendant.~~

Address 326 Hollins

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3796 Nan

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84579 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 3 1915 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 2

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Myers

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 2 *Years,* 8 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* — 8.

*Place of Death,* {Give Street and Number.} 3 Elizabeth Lane

*Cause of Death,* First (Primary), Morbula

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 4th

*Undertaker,* B. Hoole

*Place of Business,* 82 West St *Address,* 313 Light.

R W Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

8 11

**Permit No.** 84580

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 3, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Weaver Butler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Four *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 80 Maryland Ave.

*Cause of Death,* First (Primary,) Meningitis

Second (Immediate,) Convulsions

*Duration of Last Sickness,* Indefinite

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel.

*Date of Burial,* July 4th 1885

W. H. Thompson M. D.

Medical Attendant.

*Undertaker,* Alex. Hemsley

*Place of Business,* 116 Orchard St *Address* 41 Orchard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special attention of Physicians is respectfully invited to the remarks below, and to those printed on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 84581 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July the 1st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brady.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 49. *Years,* —— *Months,* —— *Days*

*Color,* black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married.

*Occupation,* Labor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 299. West St.

*Cause of Death,* First (Primary), ——

Second (Immediate), Consumtive.

*Duration of Last Sickness,* four Month.

All the above information should be furnished by the Physician.

*Place of Burial,* Shaffer Cemetery

*Date of Burial,* July 4 1885

*Undertaker,* Hercules Dorn

*Place of Business,* 95 Eas West *Address,* 177 S. Sharp St

W. L. Bowe, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84582 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Banks

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City

*Duration of Residence in the City of Baltimore,* 3 mts

*Place of Death,* {Give Street and Number.} 47 Williamson

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate), .....

*Duration of Last Sickness,* 2 mts

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe Cemetery

*Date of Burial,* July 4 1885

*Undertaker,* Hercules Row

*Place of Business,* 95 Con Way *Address,* 213 Eutaw

Rob Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 84583 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Brown

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 4 *Months,* —— *Days*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~No. 100 S. Spring St.~~, City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 100 South Spring St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Congestion of Lungs

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's Cemetery

*Date of Burial,* July 1 1885

*Undertaker,* William T. Lange

*Place of Business,* 62 East St

E. P. Lyons M.D.
Medical Attendant.

*Address,* 875 E. Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

7 11

*Permit No.* 8458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

a

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Payouretz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 19 *Months,* ... *Days.*

*Color,* White *Sex,* ...

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} No 17 Abott St

*Cause of Death,* First (Primary,) Diptheria

Second (Immediate,) ...

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alpancius Cim *John H Bolton* M. D.

Medical Attendant.

*Date of Burial,* July 4 1885

*Undertaker,* Frank Enoch & Co. *Address* 239 N. Caroline St

*Place of Business,* 249 N. Durham St.

---

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 84585 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina E. Albers

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* 30 *Years,* 7 *Months.* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 102 S. Wolf st.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* 5 July 1885

*Undertaker,* John C Schuh

*Place of Business,* 168 Hillcarnes

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 92 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

OAK SAFETY FILM

# Board of Health, City of Baltimore,

Permit No. 84386 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edsie May Weaver

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 4 Months, Days,

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 44 – Pitcher St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) asthenia

*Duration of Last Sickness,* three weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* July 4th 1885

*Undertaker,* John W Weaver

*Place of Business,* 251 Biddle St

J. H. Grimes M. D.
Medical Attendant.

*Address,* 287 Maryland

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 84087

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

£20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Bosle.

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.} Female

*Age,* 63 *Years,* 11 *Months,* *Days.*

*Color,* White.

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bavaria.

*Duration of Residence in the City of Baltimore,* 45 Years.

*Place of Death,* {Give street and number.} 233 Argyle Ave.

*Cause of Death,* First, (Primary.) Chronic Cardiac Valvular Disease

Second, (Immediate.) Angina Pectoris

*Duration of Last Sickness,* 4 & 5 months Death sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* July 4 1885

*Undertaker,* A Rosenberger

*Place of Business,* 70 Hanover St

Jno. F. Powell M.D.,
Medical Attendant.

*Address,* 227 Cathedral Street

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the following Rules, and to [illegible]

# Board of Health, City of Baltimore.

Permit No. 84588 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1885 REGISTRAR'S OFFICE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Cook

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 60 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 13 Warren Ave.

*Cause of Death,* First (Primary). Consumption

Second (Immediate).

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 5

*Undertaker* Amos Dean

*Place of Business,* No 632 Lex

James Bacon M. D.
Medical Attendant.

Address, cor Arlington & Fayette ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 4589 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Arens

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} Home 7 the Franklin

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), .....

*Duration of Last Sickness,* Several Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 4th 1885

*Undertaker,* Wm Weaver

*Place of Business,* 202 N Eutaw

D. Ettinger M. D.
Medical Attendant.

*Address,* 19 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 4590 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1935 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July June 2d 1835

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Haley

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Inr Back Basin (Foot of Caroline St.)

*Cause of Death,* First (Primary), Accidentally Drowned

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W. 2d St. Holy Redeemer

*Date of Burial,* July 5

*Undertaker,* Hamilton Dix

*Place of Business,*

C. Hall Cutter M. D.
Medical Attendant.

*Address,* 16 E. Lexington St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 82191

*Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Rebecca Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} 810 Shakspeare St.

*Cause of Death,* First (Primary), Syphilis

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 4

*Undertaker,* Wm. H. Wyatt

*Place of Business,*

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 52192 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 4 1883 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Ferara

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months,* ——— *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Child

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 58 York St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* July 4th 1883

*Undertaker,* W J Tuckers

*Place of Business,* 63 Eutaw

L E Neale M. D.
Medical Attendant.

*Address,* 121 W. Monument

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 37593 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 3. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annette C. McCabbin

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~ *Years,* 9 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 318 E. Preston St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2½ days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 4 1885.

*Undertaker,* Wm H. Hickman

*Place of Business,* 234 N. Gay St. *Address,* 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8194 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wiman

*Sex,* ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Life years

*Place of Death,* {Give Street and Number.} 107 W. Fayette St

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate), Organic Heart Disease

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* July 5/85

*Undertaker,* Feeney & Mitchell

*Place of Business,* 510 W. Fayette *Address,* 2 Cathedral St

H. Lowman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8757 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Blanch

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 149 N. Milton et

*Cause of Death,* First (Primary). Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* about 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 3d 1885

*Undertaker,* Emory & Mitchell

*Place of Business,* 530 W Fayette st Address, 582 W Fayette

W. McKenney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

7

# Health Department, City of Baltimore.

Permit No. 14596 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1885 BALTIMORE

*Date of Death,* 20th July 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Mark

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 5 Months. — Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During Lifetime

*Place of Death,* {Give Street and Number.} S. Dallas Street near Aliceanna

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* B. F. Holloman's Cem.

*Date of Burial,* July 4, 1885

*Undertaker,* Henry McGinn

*Place of Business,* 8 W Baltimore St. *Address,* 5 Wolfe St.

William Hamel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 21197 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 4 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Rapeling

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 Yr.

*Place of Death,* {Give Street and Number.} Cor. William & Bloomberg

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate), Collapse

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cem

*Date of Burial,* July 4th 1885

*Undertaker,* W. L. Saudenbur Jr

*Place of Business,* 932 Canton Ave

Medical Attendant. R. A. Ellis M. D.

*Address,* 316 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 27198 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE MD. JUL 4 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Teresa Kirchner

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 198 N. Central Ave

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Cerebro Spinal Hyperemia

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 4

*Undertaker,* H Hoeck

*Place of Business,* Central St

H. C. Grimes M. D.
Medical Attendant.

*Address,* 239 Maryland Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 14599 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Saunders

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years.~~ 8 *Months.* 2 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} No 69 N Eutaw Balto Md

*Duration of Residence in the City of Baltimore,* 8 Mo + 2 days

*Place of Death,* {Give Street and Number.} No 69 N Eutaw

*Cause of Death,* First (Primary), Chol Infantum

Second (Immediate), Hydrocephaloid

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet.

*Date of Burial,* July 5. 1885.

*Undertaker,* Wm H Hickman

*Place of Business,* 284 N Gay St

H H Norris M. D.
Medical Attendant.

*Address,* 184 E Balto St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.

# Board of Health, City of Baltimore,

12
8

Permit No. 24600 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 4 — '85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Corine Swann Sinclair

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* — *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Infant

*Occupation,*

*Birthplace,* { State on country, and how long in the United States, if of foreign birth. } 141 John St Balti. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 141 John St

*Cause of Death,* First, (Primary,) Depictive Development

Second, (Immediate,) Cholera-infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Norfolk-Va

*Date of Burial.* July 4th 1885

*Undertaker,* Chas T Scriven

*Place of Business,* 221 N Eutaw St

B. H. Powell M. D.
Medical Attendant.

*Address,* 128 Madison St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Issued 5797

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

# Health Department, City of Baltimore.

Permit No. 87601 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Davis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* 7 *Months,* 1 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} West River, Anne Arundel Co. Md

*Duration of Residence in the City of Baltimore,* 4 yrs.

*Place of Death,* {Give Street and Number.} 144 Mulligan St.

*Cause of Death,* First (Primary),

Second (Immediate), Pulmonalis Tuberculosis

*Duration of Last Sickness,* 2 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* July 7. 5

*Undertaker,* W. Blottenberger

*Place of Business,* 253 E. Lombard St

A. F. Gosweiler M. D.
Medical Attendant.

*Address,* 96 N. Ann St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Label Disease on Back of this Cer...

# Board of Health, City of Baltimore,

Permit No. 84602 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Willmore

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* / *Years,* 9 *Months,* *Days,*

*Color,* col

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not requred in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 28 S Bethel

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cem

*Date of Burial,* July 5th 6

*Undertaker,* W Blottram, Jr

*Place of Business,* 253 E. Lombard st, *Address,* 198 Broadway

E J Way M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

18

Permit No. 27603 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT JUL 4 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jaeger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* —— *Months,* —— *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} 202 Burgundy St.

*Cause of Death,* First (Primary), Tuberculosis of mesentery

Second (Immediate), Asthenia.

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 4th 1885

Wm Gonbel M. D.
Medical Attendant.

*Undertaker,* Ernest Schlaman

*Place of Business,* 181 Sharp St. *Address,* 170 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 84604

*Office of Registrar of Vital Statistics.* 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Gary Dixon

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ~~Years~~, *Months,* 7 Months ~~Days.~~

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Pratt Library, Mulberry St

*Duration of Residence in the City of Baltimore,* 7 Months

*Place of Death,* { Give street and number. } Pratt Library, Mulberry St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) ———

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 5th 1885

*Undertaker,* W. H. Maddox

*Place of Business,* ~~346~~ East St

Archt. Atkinson M.D.,
Medical Attendant.

*Address,* 119 N. Chapel St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8466 *Office of Registrar of Vital Statistics.* Ward 5

HEALTH DEPARTMENT
DEC 6 1895
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Denz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Aisquith & Chase

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Ct

*Date of Burial,* July 5th 1883

*Undertaker,* H Leery Sloeck

*Place of Business,* 309 N Caroline *Address,* 283 N. Eden St

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore, 19

**Permit No.** 84604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Son of J. T. & C. M. Morley,

*Sex, Male or Female,* {Cross out the word not required in this line.} M.

*Age,* ____ *Years,* ____ *Months,* ____ *Days.*

*Color,* W. *Sex,* M

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. City,

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 438 N. Calhoun St,

*Cause of Death,* First (Primary,) Asthenia

Second (Immediate,) Life

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* July 5-1885

*Undertaker,* John Lake

*Place of Business,* 201 E Balto St

J. T. Ryle M. D.
Medical Attendant.

*Address* 217 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore.

Permit No 84687 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH. 94

*Date of Death,* 4th July 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne Kemp

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 89 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } Home for the aged of the M E Church

*Cause of Death,* First (Primary), old age

Second (Immediate), Degeneration of Stomach probably Cancerous

*Duration of Last Sickness,* several months

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Cemetery Edmondson Road

*Date of Burial,* July 6th 1885

*Undertaker* John S. Marcher

*Place of Business,* 1715 Lamden st

John Hood M. D.
Medical Attendant.

*Address,* 594 W. Fayette

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 8468 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Otis Amos

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~ *Years,* 9 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~

*Occupation,* ~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 216 Mc Elroy st.

*Cause of Death,* First (Primary), Entero-colitis

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 or 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 6th

*Undertaker,* Eco Schilling

*Place of Business,* Ashland Square

Geo. A. Hartman M. D.
Medical Attendant.

*Address,* 305 Caroline St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore,

Permit No. 27609 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan E. Kellum

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 66 *Years,* — *Months,* — *Days,*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow ✓

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 777 Eden Street

*Cause of Death,* First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 6th

*Undertaker,* Eco Schilling

*Place of Business,* Ashland Square

James E. Whiteford M. D., Medical Attendant.

*Address,* 195 Aisquith Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

84420

Permit No. 84610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev Enoch M Baskin

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 80 *Years,* 4 *Months,* 27 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Minister of the Gospel

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth..} New Jersey

*Duration of Residence in the City of Baltimore,* Seven Years

*Place of Death,* {Give street and number} 238 Preston St

*Cause of Death,* First, (Primary,) Pneumonia 2 days ago

Second, (Immediate,) Pulmonary Consumption

*Duration of last Sickness,* about Six months ill

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 6th

*Undertaker,* Ecker & Schilling

*Place of Business,* 45 & 47 Lexington

W. H. Hammond M. D.
Medical Attendant.

*Address,* 64 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(CV 4.)

# Health Department, City of Baltimore.

Permit No. 8746 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Caroline Lewis

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 246 German st

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* July 5th 1885

*Undertaker,* John J Andrews

*Place of Business,* 1646 Druid Hill Ave

S. P. Hoffman M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8762 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 3, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Schwuniger

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* 15 *Days*

*Color,* W.

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 80 Oxford St.

*Cause of Death,* First (Primary), Gastro Enteritis.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 10 days?

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus cemetery

*Date of Burial,* July 5th 1885

*Undertaker,* H. Rosenberger

*Place of Business,* 70 Orchard *Address,* 515 Pennsylvania ave

H. Rieker M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 84612

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE

2

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Christie Smith

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 9 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} #163 S Dallas St

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetary

*Date of Burial,* July 5

*Undertaker,* John E Grace

*Place of Business,* Scarlett Row 42

Dr. E. Fook M.D.,

Medical Attendant.

*Address,* #241 E Baltimore

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87614 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

JUL 5 1895

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 95

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dingle

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 4 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ✓

*Place of Death,* {Give Street and Number.} 228 Light St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Haley Cross Cemetery

*Date of Burial,* July 6

*Undertaker,* M Doyle

*Place of Business,* 200 St Charles St

Chas Boyd M. D.
Medical Attendant.

*Address,* 210 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(over.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84615 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 5 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 3d 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie James Clay.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 4 *Months,* 13 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 287 Aisquith Ave

*Cause of Death,* First (Primary), Acute Articular Rheumatism.

Second (Immediate), Endo + Pericarditis.

*Duration of Last Sickness,* 1 Month.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemt

*Date of Burial,* July 5th 85

*Undertaker* D. E. Monahan

*Place of Business,* 298 Penna Ave *Address,* Hollins & Townsend

Thos. S. Huck, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 82616 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Fussel

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* *Years,* 7 *Months,* 1 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 518 Lemmon Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July the 5

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle St *Address,*

H. D. Hume M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 84617

*Office of Registrar of Vital Statistics.* 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie McKirk

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 247 Argyle Avenue

*Cause of Death,* First, (Primary.) Progressive Bulbar Paralysis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* over a year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* 5th of July

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont St *Address,* 18 McCulloh

Maberry Brewer M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8246 18 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Colonel Lorenzo Young

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 1 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 3 Boulden al near Baker St

*Cause of Death,* First (Primary), Obstruction of bowels

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 5th 1885

Chas E Fetter M. D.
Medical Attendant.

*Undertaker* Obly Hemsley

*Place of Business,* 116 Orchard *Address,* 565 Druid Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84619 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 5 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Horigan

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 15 *Years,* ..... *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} single

*Occupation* Cannmaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} New York City N. Y.

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and Number.} 18 Thames st.

*Cause of Death,* First (Primary), Typhoid fever ✓

Second (Immediate), .....

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 5

*Undertaker* Worrell & Sped

*Place of Business,* ..... *Address,* .....

P. G. Dausch, M. D.
[illegible] Baltimore St.
BALTIMORE, M. D.

..... *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Physicians are respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8420 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 5 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 3. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Michael Wagner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 14 Madeira Ally - near Jefferson

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 9 month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Holly Recleuer

*Date of Burial,* July 6

*Undertaker,* Wenvill Dizzel

*Place of Business,*

J. H. Leollenberg M. D.
Medical Attendant.

*Address,* 344 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 34621 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Dinahoue

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 249 North Bond St.

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Malarial fever with the general prostration

*Duration of Last Sickness,* about a month.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery.

*Date of Burial,* July 5. 1885

*Undertaker,* Henry McGinnis

*Place of Business,* 8 N. Central Av. *Address,* 238 N Broadway

William N Taylor M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 84622 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after~~ the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 5 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Joseph Wilson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} X

*Age,* *Years,* 5 *Months,* 10 *Days*

*Color,* [illegible]

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} /

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 42 Lewis St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Dentition

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 5, 1885 Wm N Hall M. D.

Medical Attendant.

*Undertaker,* Henry McGuire

*Place of Business,* 4 & 22 Central Ave *Address,* 196 E Baltimore St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ny person is respectfully invited to the reasons below, and to use of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

6

Permit No. 8462 3 — *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 5 1885

BALTIMORE MD

8

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Reynolds

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 14 *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 5 Federal St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 12 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Barnie Bracem

*Date of Burial,* July 5 1885

*Undertaker,* Martin Fahey

*Place of Business,* 128 Townsend St *Address,* 307 Madison Av.

W. B. Browne M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8462 — *Office of Registrar of Vital Statistics.* — Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* June 3 "83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosee Herbert

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* —— *Months.* —— *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland.

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} No. 129 N. Front St.

*Cause of Death,* First (Primary), Frac. of cervical portion of Spi-

Second (Immediate), nal column from a fall of 15 ft.

*Duration of Last Sickness,* Instant death

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* July 5 1883

Alexander Hill, M. D.
Medical Attendant.

*Undertaker,* William Lange

*Place of Business,* 42 East St *Address,* Corner Cent. & Dil

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84625 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J Tyler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 6 *Months.* 9 *Days*

*Color,* C d

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 16 Vincent Ally.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 16 Vincent Ally between Balto & Colb

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* one week.

All the above information should be furnished by the Physician.

*Place of Burial,* Bloomfield Cemetery

*Date of Burial,* July 5 1885

*Undertaker,* William Longa

*Place of Business,* 62 East St

G W Morris M.D.

Medical Attendant.

*Address,* 193 Pulaski St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore, 17

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 3. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Hall

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 2 *Months,* — *Days.*

*Color,* Col — *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Hominy La —

*Duration of Residence in the City of Baltimore,* Lifetime —

*Place of Death,* {Give street and number.} 134 Hominy La —

*Cause of Death,* First (Primary,) Improper food —

Second (Immediate,) Cholera Infantum.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Jewish Cemetery

*Date of Burial,* July 5 1885

E. A. Holbrook — M. D.
Medical Attendant.

*Undertaker,* William Yunge

*Place of Business,* 62 E. Oost St

*Address* 185 N. Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore.

Permit No. 84627 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 6 1885 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4 - 85 ,

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John H. Queen

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 2 *Months,* 18 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 23 Elbow Lane

*Cause of Death.* First (Primary). Marasmus

Second (Immediate). Exhaustion

*Duration of Last Sickness,* .....

the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* July 6th 1885

*Undertaker* C. F. Krause & Son

*Place of Business,* 209 Hanover Address, Home Farm Depot

Henry Chandlee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians is respectfully invited to the remarks below, and to [illegible] on back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 84628 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Kennedy

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 157 Hughes St

*Cause of Death,* First (Primary). Phthysis Pulmonalis

Second (Immediate). Cerebral Effusion (2)

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 6th 1885

*Undertaker* C. P. Krauss

*Place of Business* 209 Hanover *Address,* 371 Eutaw Place

Jno. L. Latimer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 84629 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 6 1885

BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Linnus

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* Six (6) *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ..... V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 41 N Low St

*Cause of Death,* First (Primary), Premature Birth 8th month

Second (Immediate), Debility

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Sholam Cemetery

*Date of Burial,* July [illegible]

*Undertaker,* W. Filan M. D.

*Place of Business,* 101 Gough Address, [illegible] Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 84630 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 6 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH. C

*Date of Death,* July 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Irene Sick

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 7 Hollins st

*Cause of Death,* First (Primary), Marasmus & Inanition

Second (Immediate), Cerebral Effusion & Serious Pneumonia

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 6th

*Undertaker,* Andrew Rohde

*Place of Business,* 43 Penna Ave

R. W. Mifflin M.D.

Medical Attendant.

Address, for Dr. Weber Loudon & Jones

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...pectfully invited to the remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 84631 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 6 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Baltimore July 5th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Johnson.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* Years, 5 Months, Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} #24 Orchard Street

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* July 6 1885

*Undertaker* Alex Kennedy

*Place of Business,* 1160 Orchard st

J. S. E. Walker M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 84632 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Valentine Hendkle

~~*Sex*~~, *Male* ~~*or Female.*~~ {Cross out the word not required in this line.}

*Age,* 14 *Years,* *Months,* *Days,*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 27 Parkin St

*Cause of Death,* First (Primary),

Second (Immediate). Hepatitis

*Duration of Last Sickness,* Sick from birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 7/85

*Undertaker* J. B. Cook.

*Place of Business,* 707 W. Balto St *Address,* 248 W. Lombard

Edward R. Nard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84633 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie E. Simmons

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City

*Duration of Residence in the City of Baltimore,* 2 Months

*Place of Death,* {Give Street and Number.} 76 Fort Ave.

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill C.

*Date of Burial,* July 6th

*Undertaker,* B. Wade

*Place of Business,* 62 West St

R. & P. Ellis M. D.
Medical Attendant.

*Address,* 813 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84634 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

74

*Date of Death,* July 5 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Murray

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 90 *Years,* *Months,* *Days*

*Color,* W.

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Religious

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland 42 years

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give Street and Number.} Carmelite Convent

*Cause of Death,* First (Primary), old age

Second (Immediate), Asthma

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 7th 1885

*Undertaker,* Kelly Cain & Ross

*Place of Business,* Park & Lanvale

F. E. Chatard M. D.
Medical Attendant.

*Address,* 1141 Park

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 14435 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 5/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Green

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* — *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City - Md - d

*Duration of Residence in the City of Baltimore,* Life - Time

*Place of Death,* {Give Street and Number.} 110 Chesnut Alley

*Cause of Death,* First (Primary), Mal Nutrition

Second (Immediate), Inanition

*Duration of Last Sickness,* 1 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St Cemetery

*Date of Burial,* July 6/86

*Undertaker,* A Hennessy

*Place of Business,* —

I Samuel Adams M. D
Medical Attendant.

Address Camp & Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Sanitary Inspector

# Board of Health, City of Baltimore, 3 2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE, MD

*Date of Death,* July 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Landon

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 81 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

*Duration of Residence in the City of Baltimore,* 61 yrs

*Place of Death,* {Give street and number} 849 S Ann St

*Cause of Death* First, (Primary,) Dilatation of Mitral

Second, (Immediate,) Competition of Lungs

*Duration of last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmt. Cemetery

*Date of Burial,* July 5th 1885

*Undertaker,* M. A. Dayer

*Place of Business,* 74 S. Bway

E Hall Richardson M. D.

~~Medical Attendant.~~

*Address,* 850 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84637 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenzo L. Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Car builder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Penna

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 17 Argyle Avenue

*Cause of Death,* First (Primary), Locomotor Ataxia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 12 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* July 6th 1885

*Undertaker,* Chas. F. Evans & Co

*Place of Business,* Eager & Valley St. *Address,* 171 W. Eager St.

Geo. L. Keyser M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 84638 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 6 1885. BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th - 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne A. Brawer.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* 6 *Months,* 20 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

*Duration of Residence in the City of Baltimore,* 18 years.

*Place of Death,* {Give Street and Number.} 174 N. Calhoun St.

*Cause of Death,* First (Primary), Inherited tract.

Second (Immediate), Fatty Kidneys - Bright's Disease.

*Duration of Last Sickness,* 3 months -

All the above information should be furnished by the Physician.

*Place of Burial,* Lorraine vault, Green & Fayette

*Date of Burial,* July 6/85.

*Undertaker,* Stewart & Monroe.

*Place of Business,* 35 Park Ave.

R. Ha Goldsmith M. D.
Medical Attendant.

*Address,* Harlem ave & Calhoun st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore

(3)

Permit No. 87639 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene E. Jannell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 Years, *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 27 Forth St

*Cause of Death,* First (Primary), Congestion of the Brain

Second (Immediate),

*Duration of Last Sickness,* One day.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 7th 1885

W. N. White M.D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 347 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84640 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eudeus Neureuter (Neuraiter)

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 63 *Years,* 8 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Taylor

*Birth Place,* {State of country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 76 N Spring

*Cause of Death,* First (Primary), Heart (Tubular) disease

Second (Immediate),

*Duration of Last Sickness,* 12 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemt

*Date of Burial,* July 7. 88

James E Donnelly M. D.
Medical Attendant.

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St, *Address,* 99 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

6 1/4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84641

a

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet C. Henry

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 39 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housekeeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number.} 122 N. Eden St

*Cause of Death,* First (Primary,) Cancer of Uterus

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. County

*Date of Burial,* July 5th 1885

*Undertaker,* Edwin Fake

*Place of Business,* 201 E Balto

L. H. Smith M. D.
Medical Attendant.

*Address* 777 W Lexington St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 84642 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* 3d July 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos R. Dorsey

~~*Sex,* Male or *Female,*~~ {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Conductor on RR

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ~~Since birth~~ 20 Yrs

*Place of Death,* {Give street and Number.} 635 Hanover St

*Cause of Death,* First (Primary). Injury on R.R. crushed both Legs

Second (Immediate). causing injury to Liver & resulting in Death 3 hrs

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn

*Date of Burial,* July 6

*Undertaker* Hunting & Davis

*Place of Business,* No 2637 Ltd Address, 110 Hanover St

A. McDodge M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84643 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 6 1885 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Christopher Kearns

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* Years, 5 Months, 23 Days,

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 11 Albemarle st

*Cause of Death,* First (Primary). Gastro-Enteritis

Second (Immediate).

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* July 6th 1885

*Undertaker* Henry W. Mears

*Place of Business,* 45 N. Gay St

P. G. Dausch M. D.
Medical Attendant.

*Address,* 325 E. Baltimore st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84644 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. JUL 6 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A. Blake

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* — *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 8 Thompson ct.

*Cause of Death,* First (Primary), —

Second (Immediate), Entero-Colitis,

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 6th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St *Address,*

Geo. Burke Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 84645 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 6 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Brack

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~

*Age,* 51 *Years,* 10 *Months,* 8. *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Single~~

*Occupation,* Newsdealer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 21 years.

*Place of Death,* {Give Street and Number.} 29 Warner St.

*Cause of Death,* First (Primary), Congestion of Lungs

Second (Immediate), Embolism.

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 7/85

W. H. B. Sellman M. D.
Medical Attendant.

*Undertaker,* Christopher Rau

*Place of Business,* 624 W. Balt St. *Address,* 46 W. Biddle St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

**Permit No.** 84640 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

B

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Bart

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* 4 *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balti,

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give street and Number.} 14 S Hanover St

*Cause of Death,* First (Primary),

Second (Immediate) Cholera Infantum

*Duration of Last Sickness,* About 18 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* July 7/85

*Undertaker* Christoph F Rau

*Place of Business,* 62½ W Balt St

Thos pShertzer M. D.
Medical Attendant.

*Address,* 882 Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84647 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE

9

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miles Ross

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ Four *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* 4 mos.

*Place of Death,* {Give Street and Number.} Federal St.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Bronchitis.

*Duration of Last Sickness,* Nine days.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* July 7th 1885

*Undertaker,* Henry W. Means

*Place of Business,* #45 N. Gay St. *Address,* 10 E. Fountain St

Chas. J. Preston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84648 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Cobb

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* —*Months,* —*Days*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* None.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cambridge, Md.

*Duration of Residence in the City of Baltimore,* 35 Years.

*Place of Death,* {Give Street and Number.} — 185 Druid Hill Ave. —

*Cause of Death,* First (Primary), Cancer of Uterus & Rectum.

Second (Immediate), Suddenly

*Duration of Last Sickness,* Several Years —

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* July 7th 1885 Hamilton M. D.

*Undertaker,* STEWART & MOWEN, UNDERTAKERS. 35 Park Ave. STEWART & MOWEN, UNDERTAKERS, 35 Park Ave. Medical Attendant.

*Place of Business,* ..... *Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 846449 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Frederick

*~~Sex~~, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 13 White post Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), ——

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 6, 1886

*Undertaker,* Henry Heath

*Place of Business,* 309 Central ave *Address,*

Wm H. Norris M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84650 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Sorzynskie

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 11 *Years,* 3 *Months,* 15 *Days*

*Color,* White

*~~Married~~, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

V

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} ~ No 363 ~ Canton Ave

*Cause of Death,* First (Primary), Scarlet Fever

Second (Immediate),

*Duration of Last Sickness,* 10 days,

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens Cimits

*Date of Burial,* July 6 85

*Undertaker,* Fr Cusack & Co

*Place of Business,* 215 S Bond St *Address,* 22 Jackson Square

Thomas B. Evans, M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his police, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84651 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 5th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1 Dillon St.

*Cause of Death,* First (Primary), Teething

Second (Immediate), Dysentery

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* July 6th 85

*Undertaker,* R. C. Wiedefeld

*Place of Business,* 190 Lexington St.

James A. Steuart M. D.

*Address,* Cor. Fayette & Paca

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Asst. V. Physician Sanitary Inspector

Co-operation of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84652 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS JUL 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Dudley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 23 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 31 Cord &

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Spasms

*Duration of Last Sickness,* Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* July 6th 1885

*Undertaker,* B. Veale

*Place of Business,* West St *Address,* 58 Hanover

H B Noble M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84623 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Spieldock

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months.* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~or *Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Three Years.

*Place of Death,* {Give Street and Number.} 207 N. Casolina St.

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis of the heart.

*Duration of Last Sickness,* about thirty minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Savan Georgia

*Date of Burial,* 2 Oct 5 July

A. H. Erich M. D.
Medical Attendant.

*Undertaker,* J. Behrens

*Place of Business,* 101 E. Lombard *Address,* 95 Park Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(Special)

[over.]

# Health Department, City of Baltimore.

Permit No. 84652 — *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 6 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 5. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Richardson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 9 *Months,* 14 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 9 months and 14 days

*Place of Death,* {Give Street and Number.} 12 Rose ally (LaRue's alley)

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible] cemetery

*Date of Burial,* July 6th 1885

*Undertaker,* Wm Ashburner

*Place of Business,* 62 East St

J. Kaltenbrun M. D.
Medical Attendant.

*Address,* 612 W. Lexington St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84653 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 8 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah West

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 35 *Years,* ..... *Months.* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laundress.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} 32 Lemon Alley

*Cause of Death,* First (Primary), Gent. Debility

Second (Immediate), .....

*Duration of Last Sickness,* 2 or 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Shurpes Cemetery

*Date of Burial,* July 6 1885

*Undertaker,* Wilson & Lange

*Place of Business,* 62 East St

H. H. Goodman M. D.
Medical Attendant.

*Address,* 405 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY ▲ FILM

# Health Department, City of Baltimore.

Permit No. 47656 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH

*Date of Death,* July 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Johnson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~0~~ 6 *Years,* *Months.* *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bay View

*Duration of Residence in the City of Baltimore,* 6 Mos

*Place of Death,* {Give Street and Number.} 125 Chestnut St.

*Cause of Death,* First (Primary), Drowned

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 6th 1885

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw

H Bruchen M. D.
Medical Attendant.

*Address,* 1 Edmondson Ave

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8465 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 6/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months.* 1 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Infant Asylum.

*Cause of Death,* First (Primary), Premature Birth.

Second (Immediate),

*Duration of Last Sickness,* 1 day.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* July 6/85.

*Undertaker,* Robert Robinson.

*Place of Business,* Division & Lemmon.

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. Calhoun.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84658 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months.* —— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 2 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 6 1885

*Undertaker,* Robt Robinson.

*Place of Business,* Division & Howard

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Aisquith & Caltons.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Suspension of Respiration is respectfully invited to the Memoirs below, and to the List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84659 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday July 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abram Laupheimer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 3 Months, 19 Days

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 17 McElderry St.

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate), Exhaustion from malaria of fever

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St. Cemetery

*Date of Burial,* Sunday 7. 2. P. M.

*Undertaker,* Wm. Eilau

*Place of Business,*

Wilmer Smith M. D.
Medical Attendant.

*Address,* Chas. St. & Forest Place

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 47660 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. JUL 5 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Meddleton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days*

*Color,* white

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 days / Resident of Penna

*Place of Death,* {Give Street and Number.} 167 Frankfurt st

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Comty

*Date of Burial,* July 4 / 85

*Undertaker,* F A Kaufman

*Place of Business,* 129 Arlington ave

Wm A. [illegible] M. D.

Coroner ~~Medical Attendant~~.

Address, 326 Hillen st city

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Coffin receives from Kaufman.

# Health Department, City of Baltimore.

Permit No. 8766 1 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Horsey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* — *Months,* — *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub County

*Date of Burial,* July 6/85

*Undertaker,* F A Kuchne

*Place of Business,* 129 Arlington Ave

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Coffin received from Keane

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 84662 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1885 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Monday July 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Klapfenberger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 7 Months, 11 Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 114 Columbia Ave.

*Cause of Death,* First (Primary),

Second (Immediate). Pyemia 6 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alfonsos Cem

*Date of Burial,* July 7th 1885

J. D. Morris M. D.
Medical Attendant.

*Undertaker* Ph. J. Dill & Son

*Place of Business,* 183 Columbia Ave. *Address,* 538 W. Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84663 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lurz

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 70 *Years,* 6 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Single~~ Widow ~~or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 42 N Wolf St.

*Cause of Death,* First (Primary), Ulceration of Stomach

Second (Immediate), " "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 7th 85

*Undertaker,* G. Frenes

*Place of Business,* 21 Penn & Wolf

J. H. Collenberg M. D.
Medical Attendant.

Address, 344 E. Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84664 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hilker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 12 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 73 Lancaster

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate), .....

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Leonard's St. Louis County

*Date of Burial,* July 7th 1885

*Undertaker,* Wm. Sidlam

*Place of Business,* 245 Aliceanna St.

John H. Rehburg M. D.
Medical Attendant.

*Address,* 243 Aliceanna St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8766 5 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR
JUL 6 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 6. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Magruder

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* Years, 11 Months. Days

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} Home of the Friendless

*Cause of Death,* First (Primary), Chronic Atrophy

Second (Immediate), Diarrhoea 11 /

*Duration of Last Sickness,* Indefinite

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 7th 1885

*Undertaker,* Wm Weaver

*Place of Business,* 202 N Eutaw St *Address,* 19 Cathedral St

J. E. Atkinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87666 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Pressing

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 17 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 5 Lamb St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cerebro Meningitis.

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Glendy Burial Ground

*Date of Burial,* July 7

*Undertaker,* Geo E Talbert

*Place of Business,* Hughes & Jones & Co *Address,* 75 E Balt St

C W Kracke M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84667 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 7 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 5, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Weidemeyer

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* ——— *Months,* ——— *Days*

*Color,* white

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} widow

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 518½ W. Baltimore St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's

*Date of Burial,* July 7th 1885

*Undertaker,* [redacted]

*Place of Business,* 78 Penn Avenue

Wm A. Jones M. D.

Coroner Medical Attendant.

Address, 326 Hollins St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84668 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. JUL 7 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roland

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland, unknown

*Duration of Residence in the City of Baltimore,* About 15 Yrs.

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis Pulmonum

Second (Immediate), Haemoptysis

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Comty

*Date of Burial,* July 6/1885

*Undertaker,* Fredk A Keerlmer

*Place of Business,* 129 Arlington Ave *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87669 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 7 1885

## CERTIFICATE OF DEATH.

*Date of Death,* 6 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Joseph Robert Revere

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 6 *Months,* 8 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} E. Green Street 160

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 7 July 1885

*Undertaker,* Geo. Lambert

*Place of Business,* 38 N. Paca St. *Address,* 211 N. Howard St.

L. E. Pinkham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84670

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margaret Lusk

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.} Yes might be inferred, from name

*Age,* 87 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow, of John Lusk

*Occupation,* House-wife, I presume.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} York, Pensylvania

*Duration of Residence in the City of Baltimore,* about sixty years

*Place of Death,* {Give street and number.} 101 Eden, N. of Gough, St. as Mr. Jacob Osler's

*Cause of Death,* First (Primary,) Sudden, supposed, from Paralysis of Heart,

Second (Immediate,)

*Duration of ~~Last~~ Sickness,* no

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem. *Date of Burial,* July 8th 1885

Jno. M. Galt M. D.
Medical Attendant

*Undertaker,* H. Lewis Schaefer

*Place of Business,* 109 N Fremont *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore.

**Permit No.** 8467 / *Office of Registrar of Vital Statistics,* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. JUL 7 1885

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma O. Routzhan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* ..... *Days,*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt City Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 39 Hanover ave.

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), Asthenia

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* July 8/1885

*Undertaker* Cunningham

*Place of Business,* 263 Light

E. B. Smith M. D.
Medical Attendant.

*Address,* 51 Light

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84672 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Marriott

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 16 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 198 Calvert

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), " "

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* June 7th 1885

*Undertaker,* Jno. H. McCoy

*Place of Business,* 822 W Fayette St *Address,* 114 Park

J. E. Chatard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84673 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Monday July 6 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Payton

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 86 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} # 12 Read Alley

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 7 1885

*Undertaker,* Fletcher Row

*Place of Business,* 95 Low Wayst

W. L. Bo... M. D.
Medical Attendant.

*Address,* 12 Strahot St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84674 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 6th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Mongelle Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 5 *Months.* *Days* 1

*Color,* Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nothing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give Street and Number.} 322 Groves St

*Cause of Death,* First (Primary), Marasmus et diarrhea

Second (Immediate), Meningitis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 7 1885

*Undertaker,* Hercules Ross

*Place of Business,* 75 Pan Ward St *Address,* 146 Hill St.

L. D. Dyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87675 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Kerr

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 84 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} County Tyrone, Ireland

*Duration of Residence in the City of Baltimore,* 53 yrs.

*Place of Death,* {Give Street and Number.} S.E. cor. Chew st. & Central Av.

*Cause of Death,* First (Primary), Senility

Second (Immediate), .....

*Duration of Last Sickness,* 2 or 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Cross

*Date of Burial,* July 7. 1885

*Undertaker,* Wm. J. Schaffer

*Place of Business,* No. 3 S. Front *Address,* 305 N. Caroline st.

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84676 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma E. Bruggmann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days,*

*Color,* WC

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 233 E. Lombard St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate) Exhaustion

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* July 9th 1885

E. E. Brown M. D.
Medical Attendant.

*Undertaker* Wm. Sander & Son

*Place of Business* 352 Canton Ave *Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 8467 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

B

*Date of Death,* Monday July 6th 1885

*Full Name of Deceased,* {With legibly and spell correctly. If an infant not named, give names of parents.} Harry Monford Gallop

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ____ *Years,* 3 *Months,* ____ *Days,*

*Color,* W

*~~Married~~, Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.} Single

*Occupation* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} 127 Hudson St

*Cause of Death,* First (Primary), Dentation

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Methodist conv

*Date of Burial,* July 7th 1885

*Undertaker* H. Sander & Son

*Place of Business* 352 Canton Av

J. E. Prichard M. D.
Medical Attendant.

*Address,* 28 O. Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87678 *Office of Registrar of Vital Statistics.* Ward 5-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Della Lavinia Young

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give Street and Number.} 42 Lewis St

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Laxation

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laural Cemetery

*Date of Burial,* July 7th 85.

*Undertaker,* Henry McGinnis.

*Place of Business,* No 8 N Central ave

Wm N. Hall M. D.
Medical Attendant.

*Address,* 116 E Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84679 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH. a

*Date of Death,* July 5 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Berry

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color* ed

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Maryland

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give Street and Number.} 158 East

*Cause of Death,* First (Primary), Disease of Kidneys

Second (Immediate), General Dropsy

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7 1885

*Undertaker,* Litchfield

*Place of Business,* 19 N Howard St

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 N Exeter St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84680 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Elliott

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 262 N Dallas St

*Cause of Death,* First (Primary), Inflammation of the bowels

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 7th

*Undertaker,* Geo. Schilling

*Place of Business,* Oakland Sq. Address 346 E Balto St

L. Whorfman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 47681 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank G Riley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 5 *Months.* —— *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give Street and Number.} 538 W. Stricker

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 7th 1885

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry St. *Address,* 195 W Lombard

Z. K. Riley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of Burials on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84682 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } French Turner

*Sex, Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

*Age,* One *Years,* One *Months,* *Days.*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* All its life

*Place of Death,* { Give street and Number. } 40 Oxford Street

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Cheanp. at Cemetery

*Date of Burial,* July 7 1885

A K Bond M. D.
Medical Attendant.

*Undertaker* Riley Hunsley

*Place of Business,* 116 Orchard *Address,* 316 Franklin St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87683 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Jane Ellis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* Black

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~Baltic~~ Md

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give Street and Number.} 47 Parish alley

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate),

*Duration of Last Sickness,* 1 yr,

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* July 7 1885

*Undertaker,* Wilson & Venzke

*Place of Business,* 62 Eutaw St

R. M. P. Ellis M. D.
Medical Attendant.

*Address,* 313 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84684 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE, MD.

C

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles W. Dedeker

*Sex, Male or ~~Female~~* { Cross out the word not required in this line. } Male

*Age,* —— *Years,* Four *Months,* Five *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 234 Montgomery St

*Cause of Death,* { First (Primary), Marasmus

Second (Immediate). Exhaustion

*Duration of Last Sickness,* Life

the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park

*Date of Burial,* Tuesday July 7th

*Undertaker* Armstrong & Son

*Place of Business* 263 Eight St

D. Lacy H. Stanley M. D.
Medical Attendant.

*Address,* 47 Conway St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84685 *Office of Registrar of Vital Statistics.* Ward 15 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JUL 7 1885

C

# CERTIFICATE OF DEATH.

*Date of Death,* ~~July~~ 6th July 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabetta ~~Schwinden~~ Snyder

*~~Sex, Male or~~ Female.* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days,*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give street and Number.} 142 Montgomery

*Cause of Death,* First (Primary), Hernia

Second (Immediate), Old age & Exhaustion

*Duration of Last Sickness,* 10 Dr

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park

*Date of Burial,* July 7

*Undertaker* Armstrong & Sons

*Place of Business,* 263 Light St

A M Dodge M. D.
Medical Attendant.

*Address,* 110 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87686 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty~~ *four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth V. J. Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Roof 430 Lexington St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 7 1885

*Undertaker,* A Rosenberg

*Place of Business,* 70 Mulberry, Address, Eutaw & Mulberry Sts

L. C. Thom M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84687 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archibald Wilson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 170 Orleans St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 2 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Government

*Date of Burial,* 6th of July

*Undertaker,* Hughes & Spence.

*Place of Business,* 60 E. Balt St

J. D. Gatch, M. D.
Medical Attendant.

*Address,* 137 Orleans St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84688 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Eliza Harris.

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* —— *Months,* —— *Days*

*Color,* White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Boston, Mass.

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 37 N. Stricker St.

*Cause of Death,* First (Primary), Hæm. Concussion of Brain - Paralysis

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 6 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemy

*Date of Burial,* July 9/85

*Undertaker,* Denny & Mitchell.

*Place of Business,* 550 W. Fayette

R. M. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84689 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Strauss

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} Gay St. opp. Car Stables

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 2 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 7 85

*Undertaker,* Wm St Kay

*Place of Business,* 81 W Biddle Address 283 N. Eden St

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 84690 *Office of Registrar of Vital Statistics.* Ward 3 1/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 7 1885
HEALTH DEPARTMENT
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bawden

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 91 *Years,* *Months,* 16 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 44 years

*Place of Death,* {Give street and Number.} 307 E Balt St.

*Cause of Death,* First, (Primary,) old age

Second, (Immediate,)

*Duration of Last Sickness,* Several month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 8th 1885

*Undertaker,* W. A. Dafer

*Place of Business,* 74 S. Edwy, *Address,* 19 S Broadway

E. J. Way M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Y ▲ FILM ■ ▲

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84691 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. ~~Kuhn~~ Kuppe

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 20 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 9- Cook St-

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 ds

All the above information should be furnished by the Physician.

*Place of Burial,* Greater Hill

*Date of Burial,* July 8

*Undertaker,* Walter Immed

*Place of Business,* 315 W. Biddle Address,

H J Hunt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84692 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Schneckard

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give Street and Number.} 135 West St.

*Cause of Death,* First (Primary), Cholera Morbus.

Second (Immediate), Collapse

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 8th

*Undertaker,* C B Earle

*Place of Business,* No 82 West St *Address,* 170 S. Sharp St

Wm Gonsalel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permit No. 84693

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bell Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 33 Etting St.

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.) Coma

*Duration of Last Sickness,* 5 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Ce

*Date of Burial,* July 8

*Undertaker,* C. H. Blizzard

*Place of Business,* 201 Mulberry

Mahlon Brown M.D.,
Medical Attendant.

*Address,* 68 N Eutaw St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84694 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. JUL 7 1895

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Hayden

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, 10 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore.* Life

*Place of Death,* {Give Street and Number.} Nursery & Child's Hospital

*Cause of Death,* First (Primary), Mal nutrition

Second (Immediate), Pulmonary congestion

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 7

*Undertaker,* C. H. Blizzard

*Place of Business,* 29 Reno *Address,*

C. F. Irwin *M. D.*
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84695 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885 5 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Clark

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md.

*Duration of Residence in the City of Baltimore,* 22 yrs.

*Place of Death,* {Give Street and Number.} 66 N. Eutaw St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Phthisis Pulmonalis Exhaustion

*Duration of Last Sickness,* Six months (about)

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* July 8

*Undertaker,* J. F. Black.

*Place of Business,* Penna ave

Clark Van Bibber M. D.
Medical Attendant.

*Address,* 47 Franklin St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87696 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. 74

*Date of Death,* July 6 '15

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Little

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* — *Months,* — *Days* 1

*Color,* Black

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* One day

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Struck by lightning

Second (Immediate), Shock

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Hendon Baltimore County

*Date of Burial,* July 7

*Undertaker,* C. O. Blizzard

*Place of Business,* 201 E. Eden Address, University Hospital

C. W. Mitchell M.D.
Medical Attendant.

Western Maryland

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3798 Transit

# Health Department, City of Baltimore.

Permit No. 84697 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ladler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 83 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 358 E Madison St

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* July 8th 1885

*Undertaker,* James A Byrne

*Place of Business,* No 63 n Gay St *Address,* 234 N. Bond

G. F. Taylor M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84698 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Linne

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 141 E. Balt. St.

*Cause of Death,* First (Primary), Cerebro-Spinal Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral cemetery

*Date of Burial,* July 8th 1885

*Undertaker,* James D Byrne

*Place of Business,* No 63 N Front St

G. G. Lusk M. D.

Medical Attendant.

*Address,* Balt. & Paul Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84699 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Rakie

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 1 *Months,* 3 *Days*

*Color,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 94 Harrison St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Hill Point & Cemetery

*Date of Burial,* July 8 H. B. Fulford M. D.

Medical Attendant.

*Undertaker,* W. Elam

*Place of Business,* 101 Eough St *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84709 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bill Gilch

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 7 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 218 Union St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetary

*Date of Burial,* July 8 /85

*Undertaker* Thos Bottrell

*Place of Business,* 594 W. Balto St *Address,* 23 E Dallas Pl

A. L. Hill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84701 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUL 1875 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1875

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora May Griffith

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* Years, 7 Months, Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Baby

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} Grace alley near Lemmon

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7th 1875

*Undertaker,* W. H. Bishop

*Place of Business,* 97 Druid Hill Ave

J. K. Ware M. D.
Medical Attendant.

*Address,* 230 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8470½ *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED JUL 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Hazelton

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* ed

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} S

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 12 Division St.

*Cause of Death,* First (Primary), Insanity

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* July 7/85

*Undertaker,* W. H. Bishop Jr. — *M. D.*

*Place of Business,* Druid Hill Ave *Address,* ~~Medical Attendant~~ Camp Md. R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER]

Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 84703 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD

## CERTIFICATE OF DEATH. C

*Date of Death,* July 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Hicks

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 180 Pearl St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Hemorhage

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 7th 1885

*Undertaker,* Saml B. Chase

*Place of Business,* 193 S. Howard St *Address,* Franklin & Green

Geo A Denmead M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84704 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarete Zymarzewska

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Janowice Pohlen

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give Streot and Number.} No 260 S Dallas st

*Cause of Death,* First (Primary), Malarial Typhoid fever

Second (Immediate), Prostration

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 8th

*Undertaker,* Felix Brzozowski

*Place of Business,* *Address,* 166 S. Paca st.

G. L. Buddenbohn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84705. *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hettie Moore

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months.* — *Days*

*Color,* Wh

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 55 Lough 21

*Cause of Death,* First (Primary),

Second (Immediate), Dentition

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 8 85

*Undertaker,* W. Hipps

*Place of Business,* 151 Bond st

Inlefsen M. D.
Medical Attendant.

*Address,* Gaudy Paul

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84706 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 8 1885

*Date of Death,* July 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy J. Norton

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* — *Years,* — *Months,* 30 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 668 W. Pratt

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* July 8. 1885

*Undertaker,* Matthew Cadigan

*Place of Business,* 227 Mulberry St

Edw. J. Millholland M. D.
Medical Attendant.

*Address,* 283 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8470 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. 77

*Date of Death,* July 7th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna McNally

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters of Poor

*Cause of Death,* First (Primary), .....

Second (Immediate), Age & Infirmity

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* July 8th 1885

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry *Address,*

Dr. Brooke Bayly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84708 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. O'Neil

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, Two Months, ~~Days~~

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 38 S. Stricker St.

*Duration of Residence in the City of Baltimore.* Two months

*Place of Death,* {Give Street and Number.} 38 S. Stricker St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Prostration

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* July 8th '85

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry St. *Address,* 120 N. Greene St.

F. B. Gardner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84709 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Hoefelt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 2 *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — —

*Occupation,* — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto., Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 292 Central Ave

*Cause of Death,* First (Primary), Con[illegible] Convulsions

Second (Immediate), .....

*Duration of Last Sickness,* 5 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* July 8, 1885

*Undertaker,* Henry Hoerth

*Place of Business,* 309 N Central ave *Address,* 228 E. Preston St

Wm B Billingslea M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84710 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Day

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* Years, Nine Months. 0 Days

*Color,* Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} S.E. Cor Fish Market & Wash Market Space

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Debility

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Lowell Cemetery

*Date of Burial,* July 8-1885

*Undertaker,* W.W. Madden

*Place of Business,* 46 East St

D.W. Cathell M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 84711 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1885 REGISTRAR'S OFFICE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary H. Brice

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 17 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No 10 Madison Alley

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 10 Madison Alley

*Cause of Death,* First, (Primary,) Premature birth

Second, (Immediate,) Inanition

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 6 1885

*Undertaker,* W. W. Madden

*Place of Business,* 76 East Pr

Daniel V Moyer M. D., Medical Attendant.

Address, 197 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 84712 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD.

*Date of Death,* 6th July 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Chambers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months.* *Days*

*Color,* Mulatto

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Whitewasher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick Co.

*Duration of Residence in the City of Baltimore,* 10 years.

*Place of Death,* {Give Street and Number.} 548 Saratoga St.

*Cause of Death,* First (Primary),

Second (Immediate), Softening of Brain

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 8 1885

*Undertaker,* B W Chase

*Place of Business,* 198 Howard St

H. W. Ellings M. D.
Medical Attendant.

*Address,* 364 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 84713 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD

*Date of Death,* 7th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa D Passaway

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 5 Months, Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nothing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 176 S. Howard St.

*Cause of Death,*
First (Primary), Marasmus = diarrhea
Second (Immediate), Meningitis et convulsions

*Duration of Last Sickness,* from birth } two weeks of last Sickness

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe Cemetery

*Date of Burial,* July 8 1885

*Undertaker,* S W Chase

*Place of Business,* 198 Howard

L. D. Pyes M. D.
Medical Attendant.

*Address,* 146 Hill St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84714 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. H. Gwynn

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 66 *Years,* 11 *Months,* 6 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 65 yrs

*Place of Death,* {Give Street and Number.} 5 Myrtle st

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 yrs. about

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Greenmount~~ (Western Cemetery)

*Date of Burial,* July 9th 1885

*Undertaker,* W. J. Tichnor

*Place of Business,* 65 S Eutaw *Address,* 1439 Gilmor st

D Stuart M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84715 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 6 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin M. Partridge.

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maine.

*Duration of Residence in the City of Baltimore,* 7 days.

*Place of Death,* {Give Street and Number.} St. Josephs Hospital

*Cause of Death,* First (Primary), Diarrhoea.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetery

*Date of Burial,* July 8/1885

F. N. Mead M. D.

Per J. R. Ft Medical Attendant.

*Undertaker,* Gen Richman

*Place of Business,* ——— *Address,* St. Josephs Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84716 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 5 A M 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Matilda Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 89 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Enteritis & Morbus Brightii

Second (Immediate), Exhaustion & Coma

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* not buried Canton

*Date of Burial,* July 8 1885

*Undertaker,* Cohen Lake

*Place of Business,* 201 Balto St *Address,* City Hospital

John B Sammons M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84717 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Francis Fox

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* ..... *Months,* ..... *Days* V

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 4 Swann St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* July 9 1885

*Undertaker,* James P Coyne

*Place of Business,* No 63 Pratt *Address,* 170 4 Calvert

Lew. D. Rogers M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 84718 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Joseph Russo Co.

*Sex, Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 18 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 63 President St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness.* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 8 1885

*Undertaker* James O Byrne

*Place of Business,* No 63 N Front St *Address,* 5 Franklin St.

John Morris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84719 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 7. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Baer

*Sex,* ~~Male~~, *or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 11 *Months,* —— *Days*

*Color,* white

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Maryland.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 4 Keyser Street.

*Cause of Death,* First (Primary), Artificial food & Dentition.

Second (Immediate), Acute Meningitis from Peripheral Irritation.

*Duration of Last Sickness,* Three Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Death,* July 9th 1885

J. H. Martenet M. D.
Medical Attendant.

*Undertaker,* John Henning

*Place of Business,* 382 Orleans St *Address,* Belair Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84720 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Baltimore July 6 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Robinson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* *Months.* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} # 219 Vincent Alley

*Cause of Death,* First (Primary), Cerebro Spinal Meningitis

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* July 8 1885

*Undertaker,* William Monroe

*Place of Business,* 62 E Pratt St

F. A. C. Mallon M. D.
Medical Attendant.

*Address,* Lafayette Ave & Shorter St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84721 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 6 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ollie Somerville

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* 6 *Days*

*Color,* Dark

*Married, Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto - Md -

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 28 Whatcoat St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Harpers Cemetery

*Date of Burial,* July 8 1885

*Undertaker,* William Burgee

*Place of Business,* 624 at St

J. Wyles Smith M. D.
Medical Attendant.

*Address,* 359 Barre St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 8722 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1885

*Date of Death,* July 6/ 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Baldwin

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ——— *Years,* ——— *Months* 3 months ~~Days~~,

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* White ch Lived

*Place of Death,* { Give street and Number. } 10 Vincent Ct

*Cause of Death,* First, (Primary,) Premature Birth

Second, (Immediate,)

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 8 1885

*Undertaker,* William Murray

*Place of Business,* 62 Dock St

J. E. Simms M. D.,
Medical Attendant.

*Address,* 41 N. Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84723 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 6 1885

## CERTIFICATE OF ~~DEATH~~.

*Date of Death,* July 5 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Lupus

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* *Months.* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 220 West Sgt.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpsteen's

*Date of Burial,* July 7 1885

*Undertaker,* Hercules Row

*Place of Business,* 94 Low West

C. W. S. Boze M. D.
Medical Attendant.

*Address,* 177 Shroft

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 84724 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Isaacs

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 7 *Months.* *Days*

*Color,* C

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 7 Months

*Place of Death,* {Give Street and Number.} # 31 Rutter St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 8 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Con Wayst

E. Michaux M. D.
Medical Attendant.

*Address,* 158 S Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore, 20

Permit No. 8 4 7 2 5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 8 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A Garbutton

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} M

*Age,* 69 *Years,* 11 *Months,* 10 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Music Teacher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Greenstown Co Ma

*Duration of Residence in the City of Baltimore,* 52 years

*Place of Death,* {Give street and number} 57 Brune st.

*Cause of Death,* First, (Primary,) General failure of Vital Force

Second, (Immediate,) Congestion and effusion into the Lungs, previously. Chronically ill

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem

*Date of Burial,* July 9/85

E. W. Free M. D.
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St

*Address,* 192 N. Carey st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[07 4...]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84726 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob B Arnold

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 968 W Balto st

*Cause of Death,* First (Primary), Consumption & Lungs

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 10/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St *Address,* 319 Hollins av

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 8472 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 7 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward W. Landston

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 5 *Months.* 23 *Days*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.} ✓

*~~Occupation,~~*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Massachusetts

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} Cor of Argyle ave & Druid St

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), Dropsy

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 8 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto *Address,* 92 Mosher St

C. Fauntt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84728 *Office of Registrar of Vital Statistics.* Ward 16 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT
JUL 8 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Wiel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 50 *Years,* 2 *Months,* 7 *Days*

*Color,* White

~~*Married, Single,* Widow or ~~*Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 91 Allendale st

*Cause of Death,* First (Primary),

Second (Inmediate), Morbi Brights'

*Duration of Last Sickness,* 4 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 10 1885

*Undertaker,* Martin Lahey

*Place of Business,* 128 Lawrence st

Jno D Blake M. D.
Medical Attendant.

*Address,* 15 E Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84729 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 8 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Regner

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 6 *Months,* 27 *Days*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 38 Patterson Park Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), the same

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* July 8th 1885

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Caroline St *Address,* 169 N. Charles St

Henry Salus M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 84730 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard B. Dewees

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Twenty-one *Years,* ~~Months.~~ V *Days*

*Color,* Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 21 years

*Place of Death,* {Give Street and Number.} 97 Orchard St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* Last months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 10 1885

*Undertaker* Alt Hennely

*Place of Business* Maryland Ave *Address,* 120 E. Greene St.

F. B. Gardner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84731 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gaither

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* Colored

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Kent Co Maryland

*Duration of Residence in the City of Baltimore,* 38 Years

*Place of Death,* {Give Street and Number.} No 35 High Alley

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 9th 1885

*Undertaker,* W. M. Dungee

*Place of Business,* East St

Jas A Steuart M. D.

Medical Attendant

*Address,* Cmft 76 R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry McM Kewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84730 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine & Henriche Lickat {Parents}

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 260 S Ann St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Cavanel Cemetery

*Date of Burial,* July 8th 1885

*Undertaker,* L. Sanders & Son

*Place of Business* 252 Canton Ave *Address* Canton P.O.

James A. Clemens M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84733 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Schilling

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* — *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 77 Canton St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), —

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* July 10th 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts. *Address,* 532 Eden St.

E. J. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84734 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 8 1886
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Voss

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 10 *Months,* [illegible] *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 120 N. Fulton Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Vomiting

*Duration of Last Sickness,* about a weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* 9 July

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St. *Address,* 238 Fremont Ave

Jason Curran M. D.
Medical Attendant.
No. 5 Dr. Phelps

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84755 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD

*Date of Death,* July 7th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P. Miller.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years.* *Months,* *Days*

*Color,* White

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.} V

*Occupation,* — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 326 Lexington st

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* about 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bell's Cemetery

*Date of Burial,* July 9th/85

*Undertaker,* Henry Mitchell

*Place of Business,* 530 N. Fayette st

E. M. Reid M. D.
Medical Attendant.

*Address* 243 N. Fremont st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84736 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Joyce Nelson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 6 Months, Days

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 125 E. Madison St

*Cause of Death,* First (Primary),

Second (Immediate), Conflamation of the Brain

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenwood Comty

*Date of Burial,* July 10 1885

*Undertaker,* H. Hartman

*Place of Business,* 13 N. Eutaw St

J. D. Gwinn, M. D.
Medical Attendant.

*Address,* 13 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 84737 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 9 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Izora V. Grant
Laura Lane

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and Number.} 409 W. Fayette St

*Cause of Death,* First, (Primary,) Pulmonary Consumption
Second, (Immediate,)

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 10th

*Undertaker,* John Teufel.

*Place of Business,* 1039 Lexington

C. [illegible] M. D.,
Medical Attendant.

Address, [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84728 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Barnes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give Street and Number.} 4 Madison St.

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 9th

*Undertaker,* H. C. J. Windefeld

*Place of Business,* 90 Aisquith *Address,* Same

Geo. Forke Bayle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84739 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1885 BALTIMORE, MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Kavanaugh

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} M

*Age,* ..... *Years,* ..... 5 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 99 E. Fayette

*Cause of Death,* First (Primary), .....

Second (Immediate), Cerebro Phthisis

*Duration of Last Sickness,* 26 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents. Cet

*Date of Burial,* July 9th 1885

*Undertaker,* Charles F. Evans & Co

*Place of Business,* Eagan Valley Rd *Address,* 501 Calhoun

J. J. Kane M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84740 *Office of Registrar of Vital Statistics.* 1940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* 8th July 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Cordelia Williams Price

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 78 *Years,* 8 *Months,* 28 *Days.*

*Color,* Wht

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* 78 yrs (Clb)

*Place of Death,* { Give street and number. } 136 Harlem ave

*Cause of Death,* First, (Primary.) old age

Second, (Immediate.) Heart

*Duration of Last Sickness,* 3 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* July 10th 1885

Arthur A Watson M.D.,
Medical Attendant.

*Undertaker,* Stewart Mowen

*Place of Business,* 35 Park ave *Address,* 119 N. Charles St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the requests below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84741 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885 (Remmel)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Remmel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 56 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 26 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 220 E. Eager st

*Cause of Death,* First (Primary), Senile city

Second (Immediate), ——

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Ch

*Date of Burial,* July 11 1885 Wm Holland M. D.

Medical Attendant.

*Undertaker,* Henry Hoak

*Place of Business,* 389 N Eutaw st Residence, 220 E Eager st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

**Permit No.** 84742 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owens Tucker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* ... *Months.* ... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} A A Co Md

*Duration of Residence in the City of Baltimore,* 1 Year

*Place of Death,* {Give Street and Number.} 106 Hanover St

*Cause of Death,* First (Primary), ...

Second (Immediate), Gastro Enteritis, Diarrhea (From Infection) Four months

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Marlboro B & R R

*Date of Burial,* July 9 1885

*Undertaker,* Armistead

*Place of Business,* 263 Light

Medical Attendant. M. D.

*Address,* 106 Hanover St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Transit 2799

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 82474 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the Death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Waters

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months.* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 3 Beach alley

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* about 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Churchtown

*Date of Burial,* July 9, 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Low West *Address,* Southern Dispensary

J. R. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

**Permit No.** 84744 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gurner

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months.* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 172 Lehman St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 9

*Undertaker,* B. Ward

*Place of Business,* 62 West St

Howard Cook M. D.
Medical Attendant.

*Address,* 44 Hanover St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

# Health Department, City of Baltimore.

Permit No. 24745 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 8 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Lockeman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* 2 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 434 Light St.

*Cause of Death,* First (Primary), Hip Joint Disease

Second (Immediate), Bright's Disease of Kidneys & Dropsy

*Duration of Last Sickness,* 4 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 10

*Undertaker,* B. O'Neale

*Place of Business,* 82 West St.

Geo. Fenton Gatch M. D.
Medical Attendant.

*Address,* 1116 Hanover St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8474 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olive D. Baker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 9 Months, 7 Days

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 311 Light St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Inflammation of Brain

*Duration of Last Sickness,* Several days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 9th 1885

*Undertaker,* [illegible]

*Place of Business,* 263 Light

J. G. Luttucum M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84747 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Pintar

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 505 E. Eager St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian Cem.

*Date of Burial,* July. 9 1885

*Undertaker,* Frank. Craig & Co.

*Place of Business,* 249. N. Durham St. *Address,* 344 E. Baltimore St.

J. H. Collenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 54748 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Chr. Kirchner

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* —— *Years,* 9 *Months,* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} ✓

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 99 S Fremont St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Hydrocephaloid.

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park Cem

*Date of Burial,* July 9th 1885

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 170 S Sharp St

H. Gaudel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84749 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward a Grayson

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 24 *Years,* 7 *Months,* 28 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} single

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 460 E. Monument

*Cause of Death,* First (Primary), Enteritis

Second (Immediate), Albumia

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 10 85

*Undertaker,* Chas S. Ky

*Place of Business,* 87 W Broadway

D Shull M. D.
Medical Attendant.

*Address,* 143 N. Eden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 84750 *Office of Registrar of Vital Statistics,* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9, 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* 14 *Days*

*Color,* colour

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 3 Pierce st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* July 9th 1885

*Undertaker,* Wm J Gray

*Place of Business,* 63 Mulberry *Address,* Wm A. Jones 226 Madison Ave

Wm A. Jones M.D.
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...pon the Blanks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84751 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presence in this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winnie Walker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} 1135 Gilmor St (near) opp Winchester

*Cause of Death,* First (Primary), .....

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub. Comty

*Date of Burial,* July 8/1885

*Undertaker,* F. A. Kuehnen

*Place of Business,* 129 Arlington Av *Address,* 285 Stre...

J. K. Warren M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84752 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Uhlfelder

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 17 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} x

*Occupation* x

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} # 219 Mulberry

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), convulsions

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Har Sinia Cemetry

*Date of Burial,* July 9th

*Undertaker* Jacob Ahrens

*Place of Business,* S. High St

A Friedenwald M. D.
Medical Attendant.

*Address,* 88 N Eutaw Street

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore, 1885

Permit No. 21753

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE, MD.

JUL 9 1885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Ridder

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Mechanic

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Worcester Massachusetts

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 86 Edmondson Av

*Cause of Death,* First, (Primary,) Locomotor Ataxy

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* about 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 10th 1885

*Undertaker,* John S. Meacham

*Place of Business,* 16 & 150 Lanvale St

E. P. Lee M. D.
Medical Attendant.

192 N. Eutaw St

*Address,*

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 54754 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 9 1885 BALTIMORE

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Caseman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 4 *Months.* ~~Days~~

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} ✕ 26 Shakspeare St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* July 10th 1885

*Undertaker,* Leonhard Wurr

*Place of Business,* 27 S. Bond St. *Address,* 163 Aliceanna St

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 8475 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 50 *Years,* 1 *Months,* 6 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation* W

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and Number.} 183 Vincent St

*Cause of Death.* First (Primary), Bilious fever

Second (Immediate), Paralasis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Sharp St Cemetry

*Date of Burial,* July 9th 1885

*Undertaker* Wm Young

*Place of Business,* 62 East St

J. W England M. D.
Medical Attendant.

*Address,* 394 Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8475 6 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura J Johnson

~~*Sex, Male* or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 11 *Days*

*Color,* Colored

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 56 Pierce street

*Cause of Death,* First (Primary), .....

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Judy 9/85

*Date of Burial,* July 9th

*Undertaker,* L. W. Eshan

*Place of Business,* 1982 Howard

James A. Steuart M. D.

Address, Com. of Health Hagerstown

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased and the cause and date of death.

Alexander Robinson Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84757 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Gough (Child of Henry & Rose Gough)

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ ~~Months,~~ 15 min ~~Days~~

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 61 Whatcoat Street

*Cause of Death,* First (Primary), Premature Birth (Imm. Inter. Gestation)

Second (Immediate),

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 10/85

*Undertaker,* A. M. Shaw

*Place of Business,* 198 S Howard

James A. Stewart M. D.

Address, Com. of Health Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84718 *Office of Registrar of Vital Statistics.* Ward 12.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED BALTIMORE JUL 9 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M. Dalrild's

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 4 1/2 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Child's Hospital

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate), Atrophy

*Duration of Last Sickness,* 2 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 9th

*Undertaker,* Otto Blizzard

*Place of Business,* 201 Pennsylvania Ave

C. T. Bryan M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 24719 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUL 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 2 1/2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Root

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Survey Hebild's Hospital

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 9th

*Undertaker,* W. H. Lazzard

*Place of Business,* 201 Pennsa. Ave

Wm. F. Brown M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84760 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH. 74

*Date of Death,* July 8: 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Melville

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 2 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maternité

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Child's Hospital

*Cause of Death,* First (Primary), Inherited Syphilis

Second (Immediate), Mal-Nutrition

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 9th

*Undertaker,* C. H. Blizzard

*Place of Business,* 201 Penna. Ave

C. F. Bryan M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No 84761 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 8 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Berger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} N. Shricker St No 334

*Cause of Death,* First (Primary), Enteritis Diarrhoea

Second (Immediate), Asthenia

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Western City

*Date of Burial,* July 9.

*Undertaker* L. M. Blizzard

*Place of Business,* 201 Hill *Address,*

J. Sparrow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

TY ▲ FILM ■ ▲

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84762 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 8. 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elnora Harvey

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* *Months.* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 175 Fairmount Ave.

*Cause of Death,* First (Primary), Colitis

Second (Immediate), & Lanstion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* July 12th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

G. G. Link M. D.
Medical Attendant.

*Address,* Balt. & Gay. Sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFET

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84763. *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. 1885

HEALTH DEPARTMENT BALTIMORE

*Date of Death,* July 8th/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Briscoe

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* Six *Months.* 0 *Days*

*Color,* Light Copper

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Six Months

*Place of Death,* {Give Street and Number.} No 119 Chestnut Alley

*Cause of Death,* First (Primary), Hot Weather

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral C.

*Date of Burial,* July 10 18[illegible]

*Undertaker,* Margaret Dye

*Place of Business,* 169 West Baltimore St. *Address,* Cor Green & Hamburg

Benj F Bohen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24764 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July the 8th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Freburger.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* —— *Years,* Ten *Months.* *Days*

*Color,* white.

*Married, Single, Widow or Widower.* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 404 West St.

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Cholera Infantum.

*Duration of Last Sickness,* three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 9th

*Undertaker,* W. Hark

*Place of Business,* No 82 West St *Address,*

W. S. Baer, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 24765 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July the 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} the infant of John and Laise Kranholzer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 17 days *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* for Life time

*Place of Death,* {Give Street and Number.} 27 Pitt Ally

*Cause of Death,* First (Primary),

Second (Immediate), Cramps and Dissendary

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July the 10th

*Undertaker,* L. Hearle

*Place of Business,*

James A. Steuart M. D.

*Address,* Com. of Health Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Emanuel Weinman

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 27762 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Luck Wilson.

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 5 1- *Years,* 11 *Months,* 12- *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto County Md.

*Duration of Residence in the City of Baltimore,* 4 Oyrs

*Place of Death,* {Give Street and Number.} 94- Stirling St

*Cause of Death,* First (Primary), ~~Pneumonia~~

Second (Immediate), Typhoid Fever-

*Duration of Last Sickness,* 2-weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 10. 1885

*Undertaker,* Wm. H. Hucker

*Place of Business,* 204 N. Gay St

C. F. Maguire M. D. Medical Attendant.

*Address,* 28- S. Exeter St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 24767 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Wolfe

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 6 *Months.* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 744 E Canton Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cem

*Date of Burial,* July 10th 85

*Undertaker,* G. L. France

*Place of Business,* Frank & Wolfe *Address,* 241 Broadway

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84768 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 9 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 8 /

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Henkel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* ..... *Months,* ..... *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 8 & Lo. Bethel

*Cause of Death,* First (Primary), Pulmonary Phthisis - Cholera Morbus

Second (Immediate), & Diarrhoea

*Duration of Last Sickness,* 1st One Month - 2nd One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* July 11

*Undertaker,* Martin Wyse

*Place of Business,* ..... *Address,* ..... Co. Bonds

G. L. Winters M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 24709 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE MD

*Date of Death,* July 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Nichols

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* / *Years,* *Months,* *Days*

*Color,* Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 Months

*Place of Death,* {Give Street and Number.} Boundary & Belair Ave's

*Cause of Death,* First (Primary),

Second (Immediate), Dentition & Inanition

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore, Md.

*Date of Burial,* July 8th 1885

*Undertaker,* Adam Fink

*Place of Business,* 916 N. Gay St.

Jno. Brooke Boyd M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84770 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY REGISTRAR'S OFFICE JUL 10 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 9 / 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddie Cater

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Eight *Years,* Eight *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 142 N Gilmor St

*Cause of Death,* First (Primary), Cerebro-Spinal fever

Second (Immediate), Tetanic Spasms.

*Duration of Last Sickness,* " Two days.

All the above information should be furnished by the Physician.

*Place of Burial,* Pikesville Cemetery

*Date of Burial,* July 10th 1885

*Undertaker* Matthew Cadogan

*Place of Business* 227 N Gulberry St. *Address,* 599 Madison Ave

A C Robt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD.

Permit No. 8477 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

## CERTIFICATE OF DEATH.

*Date of Death,* 9th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Krieger

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 72 *Years,* ..... *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} German Catholic

*Cause of Death,* First (Primary), Incontinence of urine

Second (Immediate), Uraemia

*Duration of Last Sickness,* 8 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. County

*Date of Burial,* 10 July 1885

*Undertaker,* Bartels & Son

*Place of Business,* 622 W Balto St

H. F. Reinhard M. D.
Medical Attendant.

*Address,* 211 N Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department City of Baltimore.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD

Permit No. 84772 *Office of Registrar of Vital Statistics.* Ward 2 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} 45 Eastern ave

*Cause of Death,* First (Primary), Gastro enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 10th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N Gay St *Address,* 571 N Calvert

Geo. B. Reynolds *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84773 *Office of Registrar of Vital Statistics.* Ward 20th

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 9th, 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Bush,

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 3 *Months,* 15 *Days,*

*Color,* Black,

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } #4 Milton St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 10 1885

*Undertaker* S W Chase

*Place of Business* 19 Howard St

Thos. E. Huck, M. D.
Medical Attendant.

*Address,* 6 Aisquith Str Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8477 *Office of Registrar of ~~Vital Statistics~~.* Ward 4th

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 7 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Williams

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* 3 *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Watchman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} 10 Chestnut St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 4 or 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 10 1885

*Undertaker,* S M Chase

*Place of Business,* 14 Howard Ave *Address,* 1 S Eutaw

T. G. Moyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84775 — *Office of Registry of ~~Vital~~ Statistics.* Ward 13th

HEALTH DEPARTMENT JUL 19 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta R. Brown

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* *Days*

*Color,* a

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 69 Roxbury st.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* 3 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 19 1885

*Undertaker,* S W Chase

*Place of Business,* 19 S Howard st

J. G. Gibbons, M. D.
Medical Attendant.

*Address,* Forrest & Pacca sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84776 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace L. Burlin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 16 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 273 McHenry st

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Diphtheritic Croup

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 10/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 Lo. Balto

B L Phillips M. D.
Medical Attendant.

*Address,* 911 W Fount ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84777 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Koester

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 214 S. Sharp St.

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Collapse.

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 10th 1885

Wm. Gombel M. D.
Medical Attendant.

*Undertaker,* Julius Koester

*Place of Business,* Sharp Street *Address,* 170 S. Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84778 *Office of Registrar of Vital Statistics.* Ward 17th

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob E. Kiel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ... *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 25 Bruns St

*Cause of Death,*
First (Primary), ...
Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 11th 1885

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 116 Howard

Theodore Data M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84779 *Office of Registrar of Vital Statistics,* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH JUL 10 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank McCracken

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} Ledenhall & Stockton Sts

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 10th

*Undertaker* B Herley

*Place of Business,* ~~Lexington 554~~ Eastern Ave

Thomas Booker M. D.
Medical Attendant.

*Address,* 446 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

14 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE, MD.

*Permit No.* 8-4789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Elizabeth Dill

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* 13 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 565 W Lombard St.

*Duration of Residence in the City of Baltimore,* 4 Mo 13 days

*Place of Death,* {Give street and number.} 565 W Lombard st.

*Cause of Death,* First (Primary,) Extreme Heat.

Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem. A A. White M. D.

Medical Attendant.

*Date of Burial,* July 11th 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address* 532 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

13th

*Permit No.* 847781

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

C

## CERTIFICATE OF DEATH.

*Date of Death,* July. 9th. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Hubner.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 28. *Years,* 4. *Months,* 17. *Days.*

*Color,* White *Sex,* Female.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Seamstress.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Bald. Canal St.

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 69. Ft. Annity

*Cause of Death,* First (Primary,) Phlegmasia Dolens.

Second (Immediate.) Debility

*Duration of Last Sickness,* 6 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem. J. McCaulin. *M. D.*

*Date of Burial,* July 11th 1885 Medical Attendant.

*Undertaker,* J. B. Cook *Address* 585 W. Fayette St.

*Place of Business,* 709 W. Balto. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84784 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Novak

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} 213 S Ann St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* St Agnes Cemetery

*Date of Burial,* July 10, 85

*Undertaker,* Fr Koch & Co

*Place of Business,* 216 S Ann St *Address,* 216 S Ann St

John H. Kelberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84783 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 10 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hy West

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* Two *Months,* 0 *Days*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* 2 months

*Place of Death,* {Give Street and Number.} No 140 Harmony Lane

*Cause of Death,* First (Primary), Hot weather

Second (Immediate), Cholera Infant

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 10 1885

*Undertaker,* William Krieger

*Place of Business,* 42 East St

Benj F Bohrer M. D.
Medical Attendant.

*Address,* Cor Green & Mt Hope

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84784

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificat**

# Board of Health, City of Baltimore.

HEALTH DEPARTMENT
JUL 10 1885
BALTIMORE MD.

**Permit No.** 84784 *Office of Registrar of Vital Statistics.* Ward 6?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

# CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Hall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 20 Months, Days

*Color,* Brown Ki

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 54 Mulberry-2

*Cause of Death,* First (Primary). Cerebral Inflammation

Second (Immediate). Convulsions

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 10th 1885

*Undertaker* Thos. F. Bourgeois

*Place of Business,* 62 East St.

Whitfield Winsey M. D.
Medical Attendant.

*Address,* 116 N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84785

*Office of Registrar of Vital Statistics.* 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Ann Baker

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 90 *Years,* or more *Months,* *Days.*

*Color,* dark.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Carroll County Maryland

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* {Give street and number.} 42 Parrish St betw Franklin & Edmondson Ave

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Level Cemetery

*Date of Burial,* July 11 1885

*Undertaker,* William Burgan

*Place of Business,* 62 East St

Chas. S. Parker M.D.,
Medical Attendant.

*Address,* 628 N. Gilmor St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Letter Directed on Back of this C...

# Board of Health, City of Baltimore.

Permit No. 84786 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William R Counselman

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 38 *Years,* 11 *Months,* — *Days,*

*Color,* White

*Married,* ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation* Painter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 139 N Mount St

*Cause of Death,* First (Primary),

Second (Immediate) Cancer of the Liver

*Duration of Last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemy

*Date of Burial,* July 11th 1885

*Undertaker* Deering & Mitchell

*Place of Business,* 350 W. Fayette St *Address,* 582 N Fayette St

W. R. McKeen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 84787 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes E. Gross

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 715 N. Calhoun St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 11th 1885

*Undertaker,* Denny & Bulcher

*Place of Business,* 536 W Fayette Address, 137 N. Carrollton Ave

J. W. C. Addy, M. D., Medical Attendant.

---

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84788 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 10 1885 BUREAU OF VITAL STATISTICS

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 10, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John James Kerr

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bells Neck

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 76 Fleet Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* July 11th

*Undertaker,* John P Pauli's

*Place of Business,* 66 Fleet Ave

James Bosley M. D.
Medical Attendant.

*Address,* 319 Hollins

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. {over.}

# Health Department, City of Baltimore.

Permit No. 47789 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 8 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Trumbo

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days*

*Color,* Wht

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore.* 2 years.

*Place of Death,* {Give Street and Number.} S. W. Cor. Plowman & Front.

*Cause of Death,* First (Primary), Child was run over by one of Chock rain's ice wagons, frac. ribs on both sides & causing rupture of heart & lungs & int. hemorrhage

Second (Immediate),

*Duration of Last Sickness,* 5 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Co

*Date of Burial,* July 10 1885

*Undertaker,* Jas O'Byrne

*Place of Business,* 6 E Fayette

Alexander Hill, M. D.
Medical Attendant.

*Address,* Grove Co't Dist

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this ce...

HEALTH DEPARTMENT
JUL 10 1885
REGISTERED

# Health Department, City of Baltimore.

Permit No. 84790 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. L. Flynn

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 3 *Years,* 3 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 7 Armistead Lane

*Cause of Death,* First (Primary),

Second (Immediate), Tubercular Meningitis

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* July 12th 1885 J. C. Burch M. D.

Medical Attendant

*Undertaker,* Jno. F. Kriesinger

*Place of Business,* Hanover *Address,* 151 Hanover St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84791 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Barkley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 3 *Months.* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 347 Gross St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 10 1885

*Undertaker,* Hercules Roe

*Place of Business,* 75 Low Way st

C. E. Booze M. D.
Medical Attendant.

*Address,* 210 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84792 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 10 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Russell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 4. years

*Place of Death,* {Give Street and Number.} 163. 21. Shirley Street

*Cause of Death,* First (Primary), Mitral Trouble

Second (Immediate), Suicide by Hanging

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Evangelic Cem.

*Date of Burial,* July 9. 1885

*Undertaker,* Handel & Son

*Place of Business,* 252 Central Av. *Address,* 187 [illegible]

*M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84793 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Isaac

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 78 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 126 E Pigeon St

*Cause of Death,* First (Primary), .....

Second (Immediate) Hemiplegia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Frederick Road.

*Date of Burial,* July 9 1885

*Undertaker,* Hamilton & Son

*Place of Business,* 252 Canton Ave *Address,* 248 Broadway

D. Kolb, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 8779 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 185-

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Reid

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 7 *Days*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 171 Pardkoy St. Gaahan Ct

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial* Louri Cemtery

*Date of Burial,* July 10 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Low Wayt

J. N. Hoffman M. D.
Medical Attendant.

*Address,* 279 W Hoyet

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 84795 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Henry Ferd. Jung

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* 3 *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 200 W. Fayette St.

*Cause of death,* First, (Primary,) Dentition, Cholera Infantum

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 10th 1885

*Undertaker,* H. Lewis Schaefer

*Place of Business,* 109 N Howard St

Jno. Jordan M. D., Medical Attendant.

*Address,* 632 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore,

Permit No. 84796 *Office of Registrar of Vital Statistics.* Ward 13?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS
JUL 10 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 7/10 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Suter

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* ——— *Months,* ——— *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 29 E. Fremont St

*Cause of Death,* First, (Primary,) Dk

Second, (Immediate,)

*Duration of Last Sickness,* A few

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 11th 1885

*Undertaker,* F. Lewis Schafer

*Place of Business,* 109 N. Fremont

Louis M. Gastman M. D., Medical Attendant.

Address, [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this C...

# Board of Health, City of Baltimore,

8 11 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S OFFICE JUL 10 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence E. Dobler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 5 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Maryland

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} # 4 E. Biddle St

*Cause of Death,* First (Primary,) Acute Cerebral Meningitis

Second (Immediate,) Convulsions Exhaustion

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cimetery

*Date of Burial,* July 11th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

Same J. Belt M. D.
Medical Attendant.

*Address* # 134 N Eutaw

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 84798 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 10 1885
BALTIMORE MD

## CERTIFICATE OF DEATH. A

*Date of Death,* July 8th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis R Rochow

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 5 Months, Days

*Color,* White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 407 Saratoga St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 10 1885

*Undertaker,* F Thuns

*Place of Business,* 30 Hanover

Louis C Hein M. D.
Medical Attendant.

*Address,* 226 N Albany

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84799 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 10 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Lang (Fred" and Annie Parents.)

*Sex, Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 1 1/2 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 386 West Pratt

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 10th 1885

*Undertaker,* Collins & Kaelin

*Place of Business,* Sharp & Cross

M. D.

Comm'r of Health & Registrar

*Address,*

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause d date of death.

[OVER]

John E. Dunning Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 84800 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthias Carter (Mother

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 1 *Months,* 5 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City of Balto

*Duration of Residence in the City of Baltimore,* 1 Life

*Place of Death,* {Give Street and Number.} #31 Sharp St Alley

*Cause of Death,* First (Primary), Malnutrition

Second (Immediate), Spasms

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* July 10th 85

*Undertaker,* Wm H Reinhardt

*Place of Business,* Health Office *Address,*

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jos E. Fitzpatrick S.H.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84801 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. JUL 10 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 9: 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fredhaus

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* ... *Months.* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Lime maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Odenburg Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 305 Columbia ave

*Cause of Death,* First (Primary), ...

Second (Immediate), Chronic Dysentery

*Duration of Last Sickness,* Six Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet home Cemetary

*Date of Burial,* July 11 1885

*Undertaker,* Andrew Knell

*Place of Business,* 206 Columbia Ave

D L Grier M. D.
Medical Attendant.

Address, 987 W. Conton St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84802 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Fenhagen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 19 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Entire

*Place of Death,* {Give Street and Number.} No. 248 Bank St.

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 10

*Undertaker,* Wm. H. Schaeffer

*Place of Business,* 166 E. Fort Ave.

J. F. Hall M. D.
Medical Attendant.

*Address,* 24 E. Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84803 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Physician's Certificate.

JUL 10 1885

## CERTIFICATE OF DEATH.

*Date of Death,* 7.8.85.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm W. Stone

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 42 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Gardener

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 45 yrs

*Place of Death,* { Give street and Number. } 75 Aberdeen St

*Cause of Death,* First, (Primary,) Apoplexy

Second, (Immediate,)

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial.* July 10th 1885

*Undertaker,* Roy W. Mears

*Place of Business,* 45 N. Gay St.

Wm W. Eastman M. D.,
Medical Attendant.

*Address,* 84 Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84804 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 10 1885

BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice L. Reynolds

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 9 *Months.* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 53 Williamson St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Nervous Prostration

*Duration of Last Sickness,* 6 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 11

*Undertaker,* B. Hark

*Place of Business,* 42 West St

H. B. Artz M. D.
Medical Attendant.

*Address,* 50 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84805 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Held

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 5 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Cty.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} N. E Bruce St.

*Cause of Death,* First (Primary), Cholera-Infantum.

Second (Immediate),

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 10

*Undertaker,* B. Hurd

*Place of Business,* 52 West St

[illegible] M. D.

Medical Attendant.

*Address,* N. Columbia Ave & Fremont St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84806

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84806 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 10 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 9/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Groves

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give Street and Number.} No. 5 S. Washington Ave.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 6 mos.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore

*Date of Burial,* July 11

*Undertaker,* P. Hall

*Place of Business,* 72 West St

Rd V. Mansfield M. D.
Medical Attendant.

*Address,* 52 & 54 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84807 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 10 1885
BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 17 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 91 S Charles St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* July 10th 85

*Undertaker,* G. Thanz

*Place of Business,* Thanz & Wolfe *Address,* 245 [illegible]

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84808 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brendell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 28 S Wolfe St.

*Cause of Death,* First (Primary), .....

Second (Immediate) Cholera Infantum

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Com.

*Date of Burial,* July 11th 85

*Undertaker,* J. G. Francis

*Place of Business,* Bank & Wolfe Sts *Address,* 214 S. Wolfe

D. Scott M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87809 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 10 1885 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Wagner

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ——— *Years,* 5 *Months.* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } ———

*Occupation,* ———

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Balt. City —

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* { Give Street and Number. } Rose st between Mulberry and Lancaster

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), ———

*Duration of Last Sickness,* several hours (7 hours dr.)

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 11th 1885

*Undertaker,* Chas Frank

*Place of Business,* Bank & Wolfe sts

L. D. Winebrenner M. D.
Medical Attendant.

*Address,* 12 S Eden st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84810 *Office of Registrar of Vital Statistics.* Ward 7 Y

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 10 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Weller

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ~~Years,~~ 10 Months, ~~Days~~

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give Street and Number. } 2114 E. Eager St

*Cause of Death,* First (Primary), Acute Meningitis

Second (Immediate), Edema of Lungs

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews Ch

*Date of Burial,* July 11th 1885

*Undertaker,* Henry Hoelle

*Place of Business,* 309 N Central Ave Address, 1610 Eager St

J. Toy Shaw M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84811 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Scott

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 3 *Months.* *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} No 269 Mcdonough St. n

*Cause of Death,* First (Primary), Acute Pneumonia

Second (Immediate), " Consumption

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 11 85

*Undertaker,* Chas S Butler

*Place of Business,* 132 N Carlton

Jno. L. Russell M. D.
Medical Attendant.

*Address,* 238 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 84812 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

1885

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence E. Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} M.

*Age,* 3 *Years,* 2 *Months,* *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 241 ½ Central Ave.

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,)

*Duration of Last Sickness,* 2 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 12 85

*Undertaker,* Chas S. Fry

*Place of Business,* 81 N Broadway

H. T. Reynolds M. D.,
Medical Attendant.

*Address,* 186 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84813 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 10 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcia Kahlbaugh

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 8 *Months.* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland,

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 52 Short st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 11 th

J. Ridgway Andre M. D.
Medical Attendant.

*Undertaker* R. C. Windfield

*Place of Business,* 90 Gunmit Address, 121 E Balto st

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84814 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Smith

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 429 S. Spring

*Cause of Death,* First (Primary), Scarlatina

Second (Immediate), Rupture of Jugular Vein (Hemorrhage

*Duration of Last Sickness,* 21 hours

All the above information should be furnished by the Physician.

*Place of Burial,* H. Redeemer C

*Date of Burial,* July 11 85

*Undertaker,* W. Tippet

*Place of Business,* 121 S. Bond St

C. H. Tuchton M. D.
Medical Attendant.

*Address,* 429 S. Spring St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84815 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 11 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Spear

~~*Sex;* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 26 *Years,* —— *Months,* —— *Days*

*Color,* Wht.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Don't Know

*Occupation,* Florist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 3 days

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} N. E. Police Station

*Cause of Death,* First (Primary), Strychnia poison — drug was taken in Madison Square, & the

Second (Immediate), man was found in Spring Alley

*Duration of Last Sickness,* About 2 hours — McKeown.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balt Cemetery

*Date of Burial,* July 11/885

*Undertaker,* Geo Rinehart

*Place of Business,* Forest Place

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 8-7816 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Reed

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* 2 *Days* 1

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 231 Hamburg St

*Cause of Death,* First (Primary).

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Abt Two Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 11 1885

*Undertaker,* W H Chase

*Place of Business,* 98 S Howard St

Jno A Bell M. D.
Medical Attendant.

*Address,* 161 S Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

# Board of Health, City of Baltimore,

Permit No. 84817 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE

*Date of Death,* July 9 1885

*Full Name of Deceased.* { Write legibly and spell correctly. If an infant not named, give names of parents. } Rachel Edwards

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 96 *Years,* *Months.* *Days.*

*Color* col

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Anne Arundle Co Md

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* { Give street and Number. } 190 Oxford st

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* July 12 1885

*Undertaker* B H Chase

*Place of Business* 19 Howard st

R. Winslow M. D.
Medical Attendant.

*Address,* 20 W. Biddle st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 84818 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Mayfield

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 18 Months. Days

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 170 Eastern Ave

*Cause of Death,* First (Primary),

Second (Immediate), Chol Infantum

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 11 1885

*Undertaker,* A. Hensley

*Place of Business,* 116 Orchard St

C. H. Baltzer M. D.
Medical Attendant.

*Address,* 13 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84819 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months.* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St Vincents Asylum

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 11th 1885

*Undertaker,* L Richards

*Place of Business,* Ast Institution

F J Flannery *M. D.*
Medical Attendant.

*Address,* Cor. Wilson & Division

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84820 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* — *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St. Vincents

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St Vincents Asylum

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Month.

All the above information should be furnished by the Physician.

*Place of Burial,* Mico Cathedral

*Date of Burial,* July 11/1885

*Undertaker,* Richards

*Place of Business,* ——

F. J. Flannery M. D.
Medical Attendant.

*Address,* Cor. Wilson & Division

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 5452

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8484 / *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Ed. Kirkman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 14 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 30 Lemmon St. Locust Pt.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Intestinal inflammation

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 12th 85

R. W. Mansfield M. D.
Medical Attendant.

*Undertaker,* J. G. Prance

*Place of Business,* 51 Hanover & Wolfe *Address,* 50 & 52 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 4744

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84822 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9/83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wades

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. city

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give Street and Number.} 154 Caution av.

*Cause of Death,* First (Primary), Infantile Convulsions

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* July 11th 1885

*Undertaker,* H. Sanderson

*Place of Business,* 252 Canton

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 52 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 845

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84823 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. JUL 11 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwards. Brand

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 43 *Years,* 3 *Months,* 27 *Days*

*Color,* white.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Lawyer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto-Md

*Duration of Residence in the City of Baltimore,* 8 yrs.

*Place of Death,* {Give Street and Number.} 368. High St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), (Ulceration of Intestines) (3 days)

*Duration of Last Sickness,* 23 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Salem Hanford Co.

*Date of Burial,* July 12 1885

*Undertaker,* John W Jackson

*Place of Business,* Ley & Carolines *Address,* 1434 Eden St

D. Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3801 Hanover

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84824 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hustedt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 5 *Months.* *Days*

*Color,* Color

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} No 518 Canton Av.

*Cause of Death,* First (Primary), Hydrocephalus Chron.

Second (Immediate), Meningitis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bau Humans Cemet

*Date of Burial,* July 12 1885

*Undertaker,* H. Sanderson

*Place of Business,* Canton Av

L. O. Winternitz M. D.
Medical Attendant.

*Address,* 125 S. Eden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

# Board of Health, City of Baltimore.

Permit No. 84825 *Office of Registrar of Vital Statistics.* Ward 14/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr. [illegible] (Joseph & Magdalene Parents)

*Sex, Male* ~~*or Female.*~~ {Cross out the word not required in this line.} Male Infant

*Age,* ..... *Years,* ..... *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 486 Franklin St. Balto md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 486 Franklin St

*Cause of Death,* First (Primary), Defective circulation

Second (Immediate), Exhaustion

*Duration of Last Sickness,* .....

the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 11th 1885

*Undertaker* Wm Weaver

*Place of Business,* 302 N Eutaw St *Address,* 181 Linden Av

Henry Chandlee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

Permit No. 8/846 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert & Jennie Hawkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 days *Years,* *Months,* 4 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} King St / Baltimore

*Cause of Death,* First (Primary), Umbilical Hemorrhage

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 12/85

*Undertaker,* S. W. Chase

*Place of Business,*

George J. Eversfield M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1145

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore. 10

Permit No. 84782 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. JUL 11 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Gibson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days*

*Color,* B

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 18 Lancers Alley

*Cause of Death,* First (Primary), Dentition

Second (Immediate),

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Ptch Pt Cemetery

*Date of Burial,* Feb 12th 1885

*Undertaker,* John H Owens Jr

*Place of Business,* 172 Read St

James A Stuart M. D.

Medical Attendant.

Address, Res. 8 Register

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Geo. E. Brown
Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84828 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John F Dolan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 11 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Life

*Place of Death,* {Give Street and Number.} 64 Fort ave

*Cause of Death,* First (Primary), Brights Disease

Second (Immediate),

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* July 12

*Undertaker,* Anthony J Dunn

*Place of Business,* 1203 Light st *Address,* 110 Fort ave

O. A. Cooke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

Permit No. 84829 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Bowman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 379 Scott St

*Cause of Death,* First (Primary), Whooping Cough 4 weeks

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lexington Hill

*Date of Burial,* July 11

*Undertaker,* Anthony O'Donnell

*Place of Business,* No 263 Light St

Theodore Cotton M. D.
Medical Attendant.

Address, 11 W Hamilton St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph M. Gorman

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Market Office

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number.} 258 N. Eutaw St.

*Cause of Death,* {First (Primary,) Hereditary Phthisis. Second (Immediate,)

*Duration of Last Sickness,* About a year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* July 12/85

J. D. Blunt M. D.
Medical Attendant.

*Undertaker,* Chas F. Sauer

*Place of Business,* 271 N. Eutaw

*Address* 167 N. Paca St. Balto

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84831 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 10. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Rodley

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 72 *Years,* ... *Months,* ... *Days*

*Color,* white.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D. C

*Duration of Residence in the City of Baltimore,* Fifty years

*Place of Death,* {Give Street and Number.} 199 Eutaw Street Ave

*Cause of Death,* First (Primary), Scirrhus of Breast

Second (Immediate), Exhaustion

*Duration of Last Sickness,* three months

All the above information should be furnished to the Physician.

*Place of Burial,* M. E. Bg. Phila. Road

*Date of Burial,* July 11th 1885

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Bway

G. G. Lusk M. D.
Medical Attendant.

*Address,* Balt. & Paca.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84832 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH 1885

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Louise Cashman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 137 Bank St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Michael's Ground

*Date of Burial,* July 11 - 1885

*Undertaker,* M. A. Dayer

*Place of Business,* 714 S. Broadway

E. Schwarz M. D.
Medical Attendant.

*Address,* 8 Gough St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

# Board of Health, City of Baltimore,

Permit No. 84833 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John R Holliday

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 78 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Church Home Hospital N Broadway

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate).

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Lot Haven Md.~~ St. John's Church Yard Waverly

*Date of Burial,* July 11th 1885

*Undertaker* M. A. Dwyer

*Place of Business,* 74 S. Bway

E. E. Cain M. D.
Medical Attendant.

*Address,* Church Home Hospital N Broadway

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

KODAK SAFE

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84834 *Office of Registrar of Vital Statistics.* Ward 14/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 11 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Anderson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 14 *Days*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 140 Harmony Lane

*Cause of Death,* First (Primary), Asthma

Second (Immediate), "

*Duration of Last Sickness,* Life from birth

All the above Information should be furnished by the Physician.

*Place of Burial,* W. B. Patterson

*Date of Burial,* Feb 11th 1885

*Undertaker,* Fred A. Kercher

*Place of Business,* Arlington Ave *Address,* Bd of Health Physician

James A. Stewart M. D.

Medical Examiner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

H. E. Roberts Asst Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84835 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

LIBRARY JUL 11 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 11. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Elmer Jolly

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} * 551 Cinquith St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exanition

*Duration of Last Sickness,* Entire 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. County

*Date of Burial,* July 12/85

*Undertaker,* Wm. H. Buckman

*Place of Business,* 2346 Gay *Address,* * 303 N Caroline St

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 841

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 47836 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnis Solotka

*Sex, Male ~~or~~ Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* *Days*

*Color,* white

*Married, Single, Widow ~~or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give Street and Number.} 300 Albemarle St

*Cause of Death,* First (Primary),

Second (Immediate), Dropsy

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cemetery

*Date of Burial,* July 12 1885

*Undertaker,* John Herring

*Place of Business,* 382 N. Second *Address,* 13[illegible]

[illegible] *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore,

Permit No. 84837 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1883 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Saturday July 11th 83

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry J. Britton

*~~Sex~~, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* 1 *Years,* 11 *Months,* ——— *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Nine Times

*Place of Death,* { Give street and Number. } 42 Broughton St

*Cause of Death,* First (Primary),

Second (Immediate) Bronchi-Pneumonitis

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 13.

*Undertaker* Wm C. G. Stevens

*Place of Business,* Canal Saw Co

Edwin W ... M. D.
Medical Attendant.

*Address,* 51 N. Calvert St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this C...

# Board of Health, City of Baltimore,

19

*Permit No.* 84838 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Sallie E Roberts

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* *Years,* 16 *Months,* *Days.*

*Color,* White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* 16 Months

*Place of Death,* { Give street and number. } 112 Mound St.

*Cause of Death,* First (Primary,) Debilitas

Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 12/85

Wm F Lawson M. D.
Medical Attendant.

*Undertaker,* J. B. Crook

*Place of Business,* 507 E Balto St Address 204 N Eden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 84839 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Koch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Labor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 17 Dover St

*Cause of Death,* First (Primary), "

Second (Immediate), Cholera Morbus

*Duration of Last Sickness,* Suddenly

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 12th 1885 H. C. Buch M. D.

*Undertaker,* Ernst Schlamm Medical Attendant.

*Place of Business,* 181 Sharp *Address,* 151 Hanover St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 84840 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 11 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline M Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 712 mont St Lee St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* D. Hill Burial

*Date of Burial,* July 13 1885

*Undertaker,* J. Keller

*Place of Business,* Shop Yard Address, 151 N Amity St

J. C. Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 84841 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 10, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Foster

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 5-2 *Years,* *Months,* *Days,*

*Color,* White

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

*Occupation* Teacher in Public Schools,

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 13 S Broadway

*Cause of Death,* First (Primary), Phthisis Pulmonalis,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Five years.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 13th 1885

*Undertaker* Henry Mitchell

*Place of Business,* 65 S Broadway

F. W. Chamberlain M. D.
Medical Attendant.

*Address,* 133 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84842 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUL 11 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 11. 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Armstrong

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* *Years,* 6 *Months.* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 452 York St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* July 12 1885

*Undertaker,* H. Sinclair Rose

*Place of Business,* 95 Con Point *Address,* 177 Chapel St

Chas E Boone *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore,

Permit No. 84843 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 11 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* 7/11/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maizie Lee

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days,*

*Color,* col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 206 West D

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpest cemetery

*Date of Burial,* July 12 1885

*Undertaker,* Hercules Bon

*Place of Business,* 95 Con Mkt

W. E. Cushman M. D.,
Medical Attendant.

*Address,* 317 Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8484 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Shuster

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 24 Constitution St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Coma + Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lay Lonaus

*Date of Burial,* July 12 1885

*Undertaker,* Henry Hook

*Place of Business,* 309 Eutaw St. *Address,* 25 Fremont Ave

J. H. Robinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84846 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 11 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. M. Butler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 255 Lexington St

*Cause of Death,* First (Primary), ...

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 12th 1885

*Undertaker,* F. Louis Lehnen

*Place of Business,* 109 N Fremont Address, 23 Ed. Ave

W. F. Hill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84846 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah J. Walz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 4 *Months,* 6 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} D. C.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 157 So Regester

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Asthenia

*Duration of Last Sickness,* Eleven (11) days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem.

*Date of Burial,* July 12 1886

*Undertaker,* H. Sanderson

*Place of Business,* 252 Canton Ave. *Address,*

G. L. Mintus M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84847

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84847 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended the person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 11 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {White legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Hildebrand

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* 11 *Months,* 23 *Days*

*Color,* white

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none special.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bank Street, Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} No 441 Canton Avenue Mr Gisk's

*Cause of Death,* First (Primary), Neglected Case.

Second (Immediate), Phthisis Pulmonalis.

*Duration of Last Sickness,* Unknown. I have attended him 6 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Evangelical Cem

*Date of Burial,* July 12. 1885 J. F. Martenet M. D.

Medical Attendant.

*Undertaker,* H. Saunders' Son

*Place of Business,* 252 Canton Address, Belair Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8748 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd W.W. Tubman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

*Duration of Residence in the City of Baltimore,* 5 Years

*Place of Death,* {Give Street and Number.} 298 Fulton Ave

*Cause of Death,* First (Primary), Disease of Brain

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Howard Co

*Date of Burial,*

*Undertaker,* I Frank Lowe

*Place of Business,* 612 1/2 Baltimore St

James Bosley M. D.
Medical Attendant.

*Address,* Big Hillen

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84849 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Elizabeth Knowles

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 63 years

*Place of Death,* {Give Street and Number.} 36 East St

*Cause of Death,* First (Primary), Obstruction of bowels

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathed

*Date of Burial,* [redacted]

*Undertaker,* Jas F. Payne

*Place of Business,* Town *Address,* 17th Calvert

Geo Billingsley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84850 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Pink

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 9 1

*Place of Death,* {Give Street and Number.} 732 S. Ann St

*Cause of Death,* First (Primary), Disease of the heart

Second (Immediate),

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Ev. Luth Cem

*Date of Burial,* July 11, 1885

*Undertaker,* H. Vanderhan

*Place of Business,* 252 Canton Ave *Address* 346 S. Bond St.

A. C. Hoffmeier M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84857 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John N. Wolf

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

*Age,* 44 *Years,* 6 *Months.* *Days*

*Color,* White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

*Occupation,* Glass Worker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Byron, Germany 40 Years

*Duration of Residence in the City of Baltimore,* 28 Johnson St

*Place of Death,* {Give Street and Number.} Ty. Pho-Malaria Paralysis Brain

*Cause of Death,* First (Primary), 7 Days

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 13th 1885

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross St. *Address,* 3 D Warren Ave

H B Robb M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 134852

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84852 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnna Emrich

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 29 *Years,* 3 *Months,* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 86 S. Canal - or Central Ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Three Months or more

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 13th 1885

*Undertaker,* Jacob Frank

*Place of Business,* 298 S. Caroline Address, 299 E. Baltimore St

Samuel E. Dennis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84853 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Sulley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* ..... *Months.* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 114 Hickman alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 12 85

*Undertaker,* Edw N Perkins

*Place of Business,* 221 Hanbury 21

C W Booze M. D.
Medical Attendant.

*Address,* 210 Chapel St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 84852 *Office of Registrar of Vital Statistics.* Ward 7½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* 11th. July 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Mardaga.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~ *Years,* 6 *Months,* 14. *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~~

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* during lifetime.

*Place of Death,* {Give Street and Number.} N. Gay Street 515

*Cause of Death,* First (Primary), Lockjaw

Second (Immediate), Convulsions

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* July 12th 1885

*Undertaker,* Adam Fink

*Place of Business,* [illegible]

William Hensel M. D.
Medical Attendant.

*Address,* S. Wolfe & 117.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th**

# Health Department, City of Baltimore.

**Permit No.** 84855 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kensinger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 32 Harris alley

*Cause of Death,* First (Primary), Diphtheritic Croup

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Pr. Evg. Lutheran Cem

*Date of Burial,* July 12 1885

*Undertaker,* C. Linden & Son

*Place of Business,* 252 Canton Av *Address,* 32 Eldon St.

E. Johnson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 84856 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 12 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Johnson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* — *Months,* — *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} E. S. Maryland

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} 188 Tyson St

*Cause of Death,* First (Primary), —

Second (Immediate), Erysipelas (In leg)

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 12/85

*Undertaker,* W. N. Bungee

*Place of Business,* [illegible]

James A. Stewart M. D.

Address, Com. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, ~~sex~~, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo E Brown Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 8485 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE

*Date of Death,* July 8, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. A. Howard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days*

*Color,* Ed

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 463 Saratoga St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sherwood Cemetery,

*Date of Burial,* July 12 1885

*Undertaker,* William Bruce

*Place of Business,* 62 East 8

Geo. A. Fleming M. D.
Medical Attendant.

*Address,* Franklin & Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 2

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84858 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 12 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chrisie White

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* (Colored)

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 28 N. Khatcoun St

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 4 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 12 1885

*Undertaker,* Wilbourn & Lange

*Place of Business,* 62 East St *Address,*

T. Ricketts *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84857 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ann L. Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 31 *Years,* 4 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 11 Chew St.

*Cause of Death,* First (Primary), Chronic Pneumonitis

Second (Immediate),

*Duration of Last Sickness,* About ten months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 13th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmt Ave *Address,* 1117 N. Broadway

J. H. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84860 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

20

## CERTIFICATE OF DEATH.

*Date of Death,* July 10, 85,

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Kramer

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 8 *Years,* 7 *Months,* 13 *Days*

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} √

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

*Duration of Residence in the City of Baltimore,* 5 Months

*Place of Death,* {Give Street and Number.} 883 W. Pratt St.

*Cause of Death,* First (Primary), Acute Membranous Laryngitis

Second (Immediate), Suffocation 2 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 12/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 837 N. Paca St.

J. R. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 0 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

18 15

Permit No. 84861 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if possible, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Clement Kuhl

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation* Brakeman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death.* {Give street and Number.} 156 Columbia ave

*Cause of Death,* First (Primary), Cancer of Rectum

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 10 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 13/85

*Undertaker* J. B. Cook

*Place of Business,* 7 & 9 Balto, *Address,* 136 Columbia ave

Geo R Graham M. D.
Medical Attendant.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84862 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Schwab.

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* 52 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 Years.

*Place of Death,* {Give Street and Number.} 76 Orleans St.

*Cause of Death,* First (Primary), Bright Disease

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Edew Of Cemetery

*Date of Burial,* July 13th 1885

*Undertaker,* Robt F Evans & Co

*Place of Business,* Eager & Valley *Address,* 252 Mount Ave.

H. Robinson M. D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84863 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE

*Date of Death,* July 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Collins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No 4 Emily St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* July 12th 1885

*Undertaker,* Wm F Schaffer

*Place of Business,* 5 S Front St

E M Lewis M. D.
Medical Attendant.

*Address,* 53 Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84864 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sholum Wolf

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 130 E Pratt

*Cause of Death,* First (Primary), Hematitis

Second (Immediate), Inanition

*Duration of Last Sickness,* 1 day 12

All the above information should be furnished by the Physician.

*Place of Burial,* Oak Hollow Cemetery

*Date of Burial,* July 12

*Undertaker,* P Athens

*Place of Business,* 28 [illegible] Address, 130 E Pratt

F. F. Wolfe M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 84865 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Chastaine Carey

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 4 Months, 26 Days

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 75 Lawrence St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* about 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* July 12th 1885

*Undertaker,* Mrs. Martin Fahey

*Place of Business,* 426½ W. Lombard St *Address,* 582 W. Fayette

W. R. McShane M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 841

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84866 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Powel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 5 *Days* 15

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Son

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 2 Bradford alley

*Duration of Residence in the City of Baltimore,* Lifteen

*Place of Death,* {Give Street and Number.} 102 Bradford alley

*Cause of Death,* First (Primary), Summer Complaint

Second (Immediate), Weakness Bowels

*Duration of Last Sickness,* 25 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cem

*Date of Burial,* July 11th 12

*Undertaker,* W. H. Young Jr.

*Place of Business,* 250 E. Lombard St.

P. Blount M. D.
Medical Attendant.

*Address,* 1536 Louisa

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore.

Permit No. 8/1867 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Wm Gordon.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* One *Months,* Seventeen *Days,*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore county.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Harford ave, near North ave.

*Cause of Death.* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Several weeks.

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 13, 1885

*Undertaker* Henry Hoerle

*Place of Business,* 339 N Central ave *Address,* 339 Harford ave

Chas. L. Elwell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84868 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday July 12th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca D. D. Brandel.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 2 *Years,* *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Years.

*Place of Death,* {Give Street and Number.} 104 Greenmount Ave

*Cause of Death,* First (Primary), Inflammation of Bowels

Second (Immediate), Congestion of Brain & Exhaustion

*Duration of Last Sickness,* Three Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 14th

*Undertaker,* H. A. Windfield

*Place of Business,* 90 Greenmount Ave *Address,* East St & Forest Place

Wilmer Britton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

No. 0

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore.

Permit No. 84869 *Office of Registrar of Vital Statistics.* Ward 11 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 9/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Butler

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* —— *Months,* —— *Days.*

*Color,* Black.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the word not required in this line.}

*Occupation* Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and Number.} # 44 Biddle Alley

*Cause of Death,* First (Primary). Phthisis Tuberculosis

Second (Immediate). Exhaustion

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* S. Peters Cemetery

*Date of Burial,* July 13th 1885

*Undertaker* W. A. Bibb Jr

*Place of Business,* 97 Druid Hill Ave

John S. Huck M. D.
Medical Attendant.

*Address* Cor Appleby & Town

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84870 *Office of Registrar of Vital Statistics.* Ward 15 12

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E W Rugh

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 11 *Months,* ..... *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 117. Williams

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 13 1885

*Undertaker,* Armstrong & Dun

*Place of Business,* 26 Light

H W Webster M. D.
Medical Attendant.

*Address,* 57 Barre

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Richard~~ Walter C. Evans

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 3 *Months,* *Days.*

*Color,* Colored *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 36 Alfred St

*Cause of Death,* First (Primary,) ~~Spasms~~ Marasmus

Second (Immediate,) Inanition

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* July 12th 1885

*Undertaker,* Alex Hensley

*Place of Business,* Address 23 Read St

J. E. Dundas M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

Permit No. 84872 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sophia White

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* 9 *Months.* *Days*

*Color,* Col

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Georgetown DC

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 8 Pearl St.

*Cause of Death,* First (Primary), Cancer of Rectum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 14 1885

*Undertaker,* Abey Ramsey

*Place of Business,* 116 Eutaw

Chas A. Fleming M. D.
Medical Attendant.

*Address,* Hamilton Grove

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore,

Permit No. 8487 30 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 11. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Barnett

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* about 75 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and Number.} 15 Diamond Alley

*Cause of Death,* First (Primary), Diarhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

the above information should be furnished by the Physician.

*Place of Burial,* Charles St

*Date of Burial,* July 13th 1885

Geo C Shannon M D
Medical Attendant.

*Undertaker* C B Hensley

*Place of Business,* 116 Orchard St *Address,* 167 N Biddle St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# Board of Health, City of Baltimore,

Permit No. 84874 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this *Certificate, accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE MD.

D

# CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Robinson

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* 9 *Months,* ——— *Days,*

*Color,* Colored

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Howard County Md

*Duration of Residence in the City of Baltimore,* Forty one years.

*Place of Death,* {Give street and Number.} No 5 Raborg St.

*Cause of Death,* First (Primary), Paraplegia

Second (Immediate), Intercurrent Dysentery with exhaustion from Cerebral Hemorrhage.

*Duration of Last Sickness,* 5 years 10 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* July 13th 1885

*Undertaker* Alex Hemsley

*Place of Business,* 116 Orchard *Address,* No 58 N Liberty St

W Starr M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 24573

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84875 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Kupfer

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 1 *Years,* *Months,* 3 *Days*

*Color,* white.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — —

*Occupation,* — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 400 E Chase St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* 5 Lutheran Burial Ground Back Road

*Date of Burial,* July 13 1885

*Undertaker,* John Wilson

*Place of Business,* 60 N Gilmor St *Address,* 229 E. Preston St

A. B. Billingslea M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th...

# Health Department, City of Baltimore.

Permit No. 84876 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 11/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Read

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 3 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 132 Ridgely St between Pratt & Lee

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* July 13 1885

*Undertaker,* A Rosenberger

*Place of Business,* 70 Hanover St *Address,*

[illegible] *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

# Health Department, City of Baltimore.

Permit No. 84877 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie Allen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 4 *Months,* ~~Days~~

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 1039 Hanover St

*Cause of Death,* First (Primary), Summer

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 3 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemt

*Date of Burial,* July 13th 1885

*Undertaker,* H. Ross

*Place of Business,* Conway St

James A. Stewart M. D.

~~Medical Examiner.~~

*Address,* Cor Hanover & Hamburg

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John McH. Dr Goey Sanitary Inspector

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 87878 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 13 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hampel

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 19 *Years,* ~~Months~~ ~~Days~~

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

~~*Occupation*~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 9 Burk st

*Cause of Death,* First (Primary), 2d Danity. (Dementia)

Second (Immediate), — Paralysis —

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 13th 1885

*Undertaker,* H. C. Sander & Son

*Place of Business,* 252 Canton Av

Thos. B. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

Permit No. 84879 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Harrington

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 411 Eastern Ave

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Spasms

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* July 13th 1885

*Undertaker,* L. Franc

*Place of Business,*

James A Stuart M. D.
Medical Attendant.

*Address,* Com. of Health Registrar

Paul A Clagett
Sanitary Inspector

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84880 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 13 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Rochler

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 342 S Bond St

*Cause of Death,* First (Primary), Premature

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 13th 1885

*Undertaker,* Wm Streep

*Place of Business,* 91 Fourth Ave

James A. Jenals M. D.

Medical Attendant or Coroner

Address, Com. Health Dept

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Henri A Bogert

Attending Physician

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C

# Health Department, City of Baltimore.

Permit No. 84881 *Office of Registrar of Vital Statistics.* Ward 6 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 13 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josias H Hughes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* ..... *Months,* ..... *Days*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Minister

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give Street and Number.} 74 Jefferson St

*Cause of Death,* First (Primary), .....

Second (Immediate), Paralysis

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 13 1885

*Undertaker,* Richard Lingee

*Place of Business,* 69 East 2d

C H Latham M. D.
Medical Attendant.

*Address,* 73 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

# Board of Health, City of Baltimore,

mit No. 84882 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, quested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

BALTO. DEPARTMENT JUL 14 1885 HEALTH MD

te of Death, 7.10.85

ll Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Bard

, ~~Male or Female~~, {Cross out the word not required in this line.}

e, 17 ~~Yrs~~ Years, Months, Days,

lor, cl

rried, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

upation,

rthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

ration of Residence in the City of Baltimore, 17 Years

ace of Death, {Give street and Number.} 55 Sarah alley

use of Death, First, (Primary,) Consumption

Second, (Immediate,)

ration of Last Sickness, several years

All the above information should be furnished by the Physician.

ace of Burial, Laurel Cemetery

te of Burial, July 13 1885 } Louis M. Kahnweiler M. D.,

Undertaker, William A. Lange } Medical Attendant,

Place of Business, 62 East St } Address, 824 Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

# Health Department, City of Baltimore.

Permit No. 84883 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 13 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter A Kemper

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 12 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 180 S Fremont St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 14th 1885

*Undertaker,* Wm J Duckett

*Place of Business,* 65 S Eutaw St Address, 128 S Eutaw St

Geo A Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 84884 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry August Breul

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ 6 *Months,* ____ *Days*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*~~Occupation,~~*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give Street and Number.} 22 Horn St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 13 1885

*Undertaker,* John Henry

*Place of Business,* 382 Orleans

Amos L. Gage M. D.
Medical Attendant.

Address, 361 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 84885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Estelle Griffen

*Sex, Male or Female,* { Cross out the word not required in this line. } Female.

*Age,* [illegible] *Years,* 1 *Months,* [illegible] *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* 1 month 1 day,

*Place of Death,* { Give street and number. } 50 Bradford Alley,

*Cause of Death,* { First (Primary,) Cholera Infantum, / Second (Immediate,) }

*Duration of Last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist [illegible]

*Date of Burial,* July 13th

J. M. Coristill, M. D.
Medical Attendant.

{ *Undertaker,* W. Lippard
*Place of Business,* 121 S Bond St } *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 84886 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph Cleveland Askey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 13 *Days*

*Color,* wh

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} # 7 Irving Place

*Cause of Death,* First (Primary),

Second (Immediate), Dentition

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 13 '85

*Undertaker,* M. A Daly

*Place of Business,* 44 S. Bway

Jno C Jenings M. D.
Medical Attendant.

*Address,* Guarding

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore.

Permit No. 84887 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Birmingham

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 7 *Years,* 5 *Months,* 2 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give street and Number. } Schroders run East of Washington Ave

*Cause of Death,* First (Primary), —

Second (Immediate). Accidental drowning

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmt Cemetery

*Date of Burial,* July 13 /85

*Undertaker* M. A. Dayer

*Place of Business,* 74 S. Bway

Jos A Bell M. D.

Medical Attendant ~~or Coroner~~ Coroner & Phys

*Address,* 161 E Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 84888 *Office of Registrar of Vital Statistics.* Ward 16 Y

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 - 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Simmons

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* ..... *Months,* ..... *Days*

*Color,* Dark

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Dressmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Fredericktown Md.

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 241 Dover St

*Cause of Death,* First (Primary), .....

Second (Immediate), Consumption of Lungs

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw St Cemetery

*Date of Burial,* July 13 1885

*Undertaker,* L. Ross

*Place of Business,* Conway St *Address,* 359 Barre St

J. Tyler Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 87889 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Haffner

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 6 *Months,* 8 *Days*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.} Single

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 726 Hanover St.

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western C.

*Date of Burial,* July 13

*Undertaker,* B. Hasle

*Place of Business,* 52 West St. *Address,* 1708 Shark St

Wm Gorsuch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C

# Health Department, City of Baltimore.

Permit No. 84891 *Office of Registrar of Vital Statistics.* Ward 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hubbard

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* —— *Months.* —— *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 134 Hamburg St.

*Cause of Death,* First (Primary),

Second (Immediate), Chronic Valvular Dis. of Heart,

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 14

*Undertaker,* B. Hall

*Place of Business,* 61 Court St

R. J. H. Tull, M. D.
Medical Attendant.

*Address,* 132 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 8789 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11. 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schroder

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 4 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give Street and Number.} 220 William St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Collapse

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 13

*Undertaker,* B. Hall

*Place of Business,* 52 West St.

F. R. Wilson *M. D.*
Medical Attendant.

*Address,* 837 W. Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# Board of Health, City of Baltimore,

Permit No. 8492 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Joseph & Rosa Granger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* — *Days,* 3

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 6 Th Cor: William & Church St's

*Cause of Death,* First, (Primary,) Injuries received in birth

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 13 1885

*Undertaker,* Armstrong

*Place of Business,* 263 Light St

T. C. Bosgood M. D., Medical Attendant.

*Address,* 754 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 84893 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE, MD.

*Date of Death,* July 13, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma R Ralph

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* Years, 8 Months, 17 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 857 W Balto St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 14/85

*Undertaker,* J. B. Cook

*Place of Business,* 207 N. Balto St. *Address,* 319 Hollins St

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84894

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84894 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the registration of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August F. Doose

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Whole life.

*Place of Death,* {Give Street and Number.} 42 Park Ave.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), " "

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 13 '85

Thomas Opie M. D.
Medical Attendant.

*Undertaker,* Ernest Saltzman

*Place of Business,* 181 Sharp's *Address,* 179 N. Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 82895 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR VITAL STATISTICS
JUL 13 1895
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Cammins

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 51 *Years,* 4 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 403 Scott St

*Cause of Death,* First (Primary),

Second (Immediate), Softening of Brain

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 14th 1895 F. C. Burch M. D.

Medical Attendant.

*Undertaker,* Ernst Schulman

*Place of Business,* 151 Stiles *Address,* 151 Stiles St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 84896 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kavanaugh

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* House Work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 32 yrs

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 9 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* July 13/885

*Undertaker,* Chas H Evans & Co

*Place of Business,* —

R. B. Warfield M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

*Office of Registrar of Vital Statistics.* Ward 21

Permit No. 8487

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 13th. July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Smolenska

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 3 Years, 3 Months. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} 1. Wolfert. 120

*Cause of Death,* First (Primary), Malaria Typhosa

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 13th 85

*Undertaker,* F. Koch & Co

*Place of Business,* 145 S Bond St *Address,* 1. Wolfert 117

William Henkel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

# Health Department, City of Baltimore.

Permit No. 84898 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Hogan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 76 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 76 Years

*Place of Death,* {Give Street and Number.} No. 159 S. Chester St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* July 14 1885

*Undertaker,* G. France *Medical Attendant.* H. Hatch, M. D.

*Place of Business,* Hart & Wolfe *Address,* 211 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 84899 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Rauh

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* Seven *Days* 7

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} . . . . .

*Occupation,* . . . . . .

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 359 Alice Anna St

*Cause of Death,* First (Primary), Stomach Malaria

Second (Immediate), Eclampsia

*Duration of Last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* July 14th 84 Dr. Elmer M. D.

Medical Attendant.

*Undertaker,* G. F. France

*Place of Business,* Bank & Holl Sts. Address, E. Side Fourth Ward

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

# Health Department, City of Baltimore.

Ward 19

Permit No. 87900 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 Th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Keenan (Keenan)

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 10 Years, Months, 16 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 63 S. Madeira Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Collapse

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem. James A. Shaw M. D.

*Date of Burial,* July 15 1885 Medical Attendant.

*Undertaker,* J. Frank Wolfe Address, 417 E. Pratt St.

*Place of Business,* Frank & Wolfe

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(over.)

No. 84901

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore,

**Permit No.** 84901 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

# CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } David Mazyne

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 9 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } Basin off Skinners Ship Yard

*Cause of Death,* First (Primary), —

Second (Immediate), Suppose Accidental drowning

*Duration of Last Sickness,* —

All the above info mation should be furnished by the Physician.

*Place of Burial,* West End Cemetery

*Date of Burial,* July 10/1885

*Undertaker* H. Kirchner

*Place of Business,* 129 Arlington Ave

L. A. Bell M. D.

~~Medical Attendant~~ Coroner 5th Dist.

*Address,* 161 S. Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 84902

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 84902 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Harrell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days*

*Color,* W

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 5

*Place of Death,* {Give Street and Number.} 223 Hanover N

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* July 14th 1885

*Undertaker,* Austin Penny

*Place of Business,* 263 Light St

R H P Ellis M. D.
Medical Attendant.

*Address,* 213 E Pk

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 84903 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1893 BALTIMORE, MD.

*Date of Death,* July 13th 93

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs J. Conner

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* ~~Years.~~ 4 *Months,* ~~Days~~ 4 Mths

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.} Widowed

*~~Occupation,~~*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} S. W. Cor Hollins & Pitcher

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Four (4) weeks.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St peters

*Date of Burial,* July 14th

*Undertaker,* John F Bowman

*Place of Business,* 89 Hollins St

H. L. Spiro M. D.
Medical Attendant.

*Address,* 89 W. Hollins St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84904

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 84904 *Office of Registrar of Vital Statistics.* **Ward** 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 13 1885

BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Rosenthal

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 44 *Months,* ..... *Days* 7

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} M

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* 5 Years

*Place of Death,* {Give Street and Number.} 5 S Eutaw

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cem. Phila road

*Date of Burial,* July 13. 1885.

*Undertaker,* Wm H. Heikman

*Place of Business,* 234 E. Fay St *Address,* ..... G L Mitchell M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84905 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 18 85

*Full Name of Deceased,* {White legibly and spell correctly. If an Infant not named, give names of parents.} Mathilde Merkel

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 2 *Months,* ..... *Days,*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} child

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 242 N. Calhoun St. Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 242 N. Calhoun St.

*Cause of Death,* First, (Primary,) Entero-Colitis

Second, (Immediate,) Convulsions &c,

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial.* July 14.

*Undertaker,* Walter Immel

*Place of Business,* 316 W. Biddle

H. R. Fattenhoff M. D., Medical Attendant.

Address, 227 Madison St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 04926

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84906 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elija Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* — *Years,* — 5 *Months,* 16 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 5 Walker Court

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Brain trouble

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 14th 1885

*Undertaker,* W. H. Madden

*Place of Business,* 546 East St.

Francis A. Sauer M. D.
Medical Attendant.

*Address,* 105 N. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84907 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archie V Shields

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 6 Months. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* 2 months

*Place of Death,* {Give Street and Number.} 76 N W Lombard St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* July 14. 1885

*Undertaker,* H. Frank Evans

*Place of Business,* 612 W Balto St

James Bosley M. D.
Medical Attendant.

*Address,* 314 Hillen

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84908 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph C. Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 1 Months, 15 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 178 Mc Henry St.

*Cause of Death,* First (Primary), ——

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Harpers Ferry Va

*Date of Burial,* July 14/85

*Undertaker,* J. B. Cook

*Place of Business,* 207 E Balto St. *Address,* 298 W. Lombard St.

H. W. Kebler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

381½ Hanover

No. 84909

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84909 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Rose McCann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 124 Hollins

*Cause of Death,* First (Primary), Tubercular Laryngitis

Second (Immediate),

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 14th 1885

*Undertaker,* Matthew Cadagan

*Place of Business* 227 Mulberry *Address,* 283 N Eutaw

Chas F. McSherry M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84910 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hauch & Jane Hauch

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* 13 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 5 Hanemans alley

*Cause of Death,* First (Primary), Uncertain

Second (Immediate), .....

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian [illegible]

*Date of Burial,* July 13

*Undertaker,* F. Leach & [illegible]

*Place of Business,* 249 Durham

H. L. Rennie M. D.
Medical Attendant.

*Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84911

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore.

**Permit No.** 84911 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

# CERTIFICATE OF DEATH.

*Date of Death,* July 10 = 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Swan

*Sex,* ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

*Age,* 27 *Years,* — *Months,* — *Days.*

*Color,* Col.

*Married,* ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ann Arundel Co Md

*Duration of Residence in the City of Baltimore,* 26 days

*Place of Death,* {Give street and Number.} Church Home, Infirmary N. Broadway

*Cause of Death,* First (Primary), Para-Metritis

Second (Immediate), Marasmus

*Duration of Last Sickness,* Over (7) Months

All the above information should be furnished by the Physician.

*Place of Burial,* Fair Haven Md

*Date of Burial,*

*Undertaker* M. A. Dauger

*Place of Business,* 74 S. Broadway

E. D. Glenn M. D.
Medical Attendant.

*Address,* Church Home Infirmary N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the ~~said city, it shall be the duty~~ of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Special

No. 8 4912

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84912 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 14 1886
BALTIMORE MD

7a

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Englander

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give Street and Number.} 371 E. Eager St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Phthisis "

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Westford Cem.

*Date of Burial,* July 14th 1886

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St

J. W. J. Englar *M. D.*
Medical Attendant.

*Address,* 394 Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 04715

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84913 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT
JUL 14 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13 — 1885 — Pd 11 am

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Pöhlmann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 9 *Years,* 7 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* School boy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Four (4) years

*Place of Death,* {Give Street and Number.} Mallory's Wharf foot of Wolf St

*Cause of Death,* First (Primary), Accidental Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cimetery

*Date of Burial,* July 14th 1885

*Undertaker,* H. H. Gibmyer

*Place of Business,* 341 Canton Ave *Address,* 18 Ann Street

Hall Pollard M. D.
Medical Attendant.
1205 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 04914

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84914 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Clifford

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 607 Penna Ave

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Church

*Date of Burial,* July 14/85

*Undertaker,* M. Fahey

*Place of Business,*

James A. Steuart M. D.

~~Medical Attendant.~~

*Address,* Bon. Ft. Health Officer

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Bruns
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 8491 5 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE MD

*Date of Death,* July 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Cornish

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 6 *Months,* 14 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 46 Gilson Ct.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 1 Week

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 14 1885

*Undertaker,* Wm and Kemp

*Place of Business,* 62 E Oak st

J. W. C. Cuddy M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87916 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 14 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Klema

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} 4 Bohemian Court

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* July. 14. 1885

*Undertaker,* J. Brach. co

*Place of Business,* 249 Durham st

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84917 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth L. Stevens,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days*

*Color,* White,

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} West Meinster, Carroll Co. Md

*Duration of Residence in the City of Baltimore,* 40 Years,

*Place of Death,* {Give Street and Number.} 78 N Linn St

*Cause of Death,* First (Primary), Cirrhus Liver,

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* 4 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto cem,

*Date of Burial,* July 14

*Undertaker,* E. A. Blizard

*Place of Business,* 207 Penna ave

Edward R. Shipley, M. D.
Medical Attendant.

*Address,* 943 Lexington st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8 4918 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14. 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ella Maddax

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 1 Months, 12 Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 16 Brewer Alley

*Cause of Death,* First (Primary), Scarlatina

Second (Immediate),

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Mark St.

*Date of Burial,* July 14th 1885

*Undertaker,* Alex Hensley

*Place of Business,* 16 Orchard Address, 127 Arlington Ave

Harvey Lee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 14717

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.**

# Health Department, City of Baltimore.

Permit No. 84919 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Louisa Zulauf

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 75 Aisquith St

*Cause of Death,* First (Primary), Cholera Infant

Second (Immediate), Convulsions

*Duration of Last Sickness,* One weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 14 1885

Francis A. Sauer M. D.
Medical Attendant.

*Undertaker,* John Kennedy

*Place of Business,* 382 Orleans St *Address,* 105 N. Central Ave

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84720 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hearde Matilda Mills (Parents)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 11 Days

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 157. Towsen St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* July 14th 1885

*Undertaker,* John H. Schuh

*Place of Business,* 265 Alice anna St

James A. Steuart M. D.
Medical Attendant

Address, Bu. of Health & Registration

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John H. Dr Goey Sanitary Inspector

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8492 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE MD

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Watkins.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* / *Months;* *Days*

*Color,* White.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England.

*Duration of Residence in the City of Baltimore,* 14 Yrs.

*Place of Death,* {Give Street and Number.} 695 N. Baltimore St.

*Cause of Death,* First (Primary), Spinal Irritation

Second (Immediate), Diarrhea, Exhaustion

*Duration of Last Sickness,* 5 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loraine Cem

*Date of Burial,* July 14/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto. *Address,* 175 Lexington St.

John J. R. Hoge, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84922 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE, MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gregory

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 7 *Days.*

*Color,* cd

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 27 Butler St

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* July 14th 1885

*Undertaker,* Wm. James Gray

*Place of Business,* 68 Mc L—

W. J. Lockwood M. D.
Medical Attendant.

*Address,* Paca & Madison Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84923 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Russell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 45 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 125 Dawson St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Apoplexy

*Duration of Last Sickness,* One hour

All the above information should be furnished by the Physician.

*Place of Burial.* Sharpnack Cemetery

*Date of Burial.* July 14 1885

*Undertaker,* Hetherington Bros

*Place of Business,* 95 Eon Wayne

D. A. Gillis M. D.,
Medical Attendant.

*Address,* 180 N Bridle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 84924

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certific

# Health Department, City of Baltimore.

Ward 12

Permit No. 84924 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD JUL 14 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Holt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Brick Layer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 2 S Chester St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* July 15th 1885

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

Nicholas L. Dallam M. D.
Medical Attendant.

*Address,* 117 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84925 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE MD

*Date of Death,* July 12th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Junius

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond Va

*Duration of Residence in the City of Baltimore.* 17 Years

*Place of Death,* {Give Street and Number.} 1039 Hanover St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 2 M

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 14 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Cor Wby

Lut A Bell M. D.

Medical Attendant.

*Address,* 161 E Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84926

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84926 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Grams Grams

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 4 Months, 1 Days

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 46 Randall Randall St S. B...

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's

*Date of Burial,* July 14. 1885

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bway

H. W. Webster M. D.
Medical Attendant.

*Address,* 101 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 34927

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 34927 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 14 1885 BALTIMORE, MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 12/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Gould

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 58 Welcome Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Church Cemetery

*Date of Burial,* July 14 1885

*Undertaker,* G H Chase

*Place of Business,* 98 Howard St

J. B. White M. D.
Medical Attendant.

*Address,* Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84928

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 84928 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JUL 14 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Whitney Coy

~~*Sex,*~~ *Male* ~~*or Female.*~~ {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Stevedore

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Norfolk Va.

*Duration of Residence in the City of Baltimore,* 5 Years.

*Place of Death,* {Give street and Number.} 222 Hanover St

*Cause of Death.* First (Primary), Gastritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Days.

All the above information should be furnished by the Physician.

*Place of Burial* Shark M. Cemetery

*Date of Burial,* July 14 1885

*Undertaker* S W Chase

*Place of Business* 138 S Howard St

A. M. Hodge M. D.
Medical Attendant

*Address,* 110 Hanover St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over.]

No. 84929

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84929 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 14 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ritterbush

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 47 *Years,* 11 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 82 Hooper St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 16 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* July 16th

*Undertaker,* John C Schaus

*Place of Business,* 265 Aliceanna

E Williams M. D.
Medical Attendant

Address, 265 Eden St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 04930

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84930 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT'S JUL 14 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jefferson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* ~ *Months,* 16 *Days*

*Color,* Col

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 16 St Mary St

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Inanition

*Duration of Last Sickness,* Life Time

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's St. Cemetery

*Date of Burial,* July 14/85

*Undertaker,* A Hennessy

*Place of Business,* Orchard St

James A. Stewart M. D.

Medical Attendant

Address, Com. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8493 1 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 13. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Kolp

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 8 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 62 Hood ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery.

*Date of Burial,* July 15 1885

*Undertaker,* Jno P. Pauly

*Place of Business,* #66 Hood Ave *Address,* 319 Hollins St

James Bailey M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84932

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84932 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* One *Months.* ——— *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents Asylum

*Cause of Death,* First (Primary), Marasmus - Diarrhoea.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Wk

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Cathedral

*Date of Burial,* July 14/85

*Undertaker,* R. Robinson

*Place of Business,* Institution *Address,* Cor Wilson & Division

F. J. Flannery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 84933 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 14 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm A. Millington

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 78 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or~~ Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 298 N. Stricker

*Cause of Death,* First (Primary). old age

Second (Immediate). Enteritis Acute

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 16th 1885

*Undertaker* John H McCoy

*Place of Business,* 27 N. Fayette St

H. S. Latimer M. D.
Medical Attendant.

*Address,* 371 Eutaw Place

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 84934

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore.

**Permit No.** 84934 *Office of Registrar of Vital Statistics.* **Ward** 6"

The Physician who attended any person in a last illness, is responsible for the present filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 15 1885 BALTIMORE, MD.

Bar C

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Young

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 46 *Years,* 2 *Months,* † *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~; { Cross out the word not required in this line. } J

*Occupation* ———

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* { Give street and Number. } E Fayette St near Chester St

*Cause of Death,* First (Primary), Chronic dysentery

Second (Immediate),

*Duration of Last Sickness,* 4 Months

the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* July 15th 1885

A. D. Gaede M. D.
Medical Attendant.

*Undertaker* Fred Gaede

*Place of Business* 29 S. Caroline *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8 4935 *Office of Registrar of Vital Statistics.* Ward 6 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12, 1885,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick W. Haase

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* 7 *Months.* 20 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give Street and Number.} 347 Orleans St

*Cause of Death,* First (Primary), Apoplexia

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 15th 1885

*Undertaker,* Fred Gaertz

*Place of Business,* 298, Caroline *Address,*

C. O. H. Thomas, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84936 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Hildebrand

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 2 0 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 110 Bolton

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* July 15

*Undertaker,* B. Hall

*Place of Business,* West St

Thurlow Potts M. D.
Medical Attendant.

*Address,* 116 Monument

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84937 *Office of Registrar of Vital Statistics.* Ward 2 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

C

*Date of Death,* July 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Fraunknecht

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 63 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} 181 S. Bethel

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 16th

*Undertaker* W. Leippert

*Place of Business,* 151 S Bond St

P. G. Dausch M. D.
Medical Attendant.

*Address,* 325 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84938 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Jane Dorsey

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Seven Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 4 Rockport St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Center

*Date of Burial,* July 15 1885

*Undertaker,* Hercules Ross

*Place of Business,* 54 Low Wayt

Julius Dall M. D.
Medical Attendant.

*Address,* Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8-7939 *Office of Registrar of Vital Statistics.* Ward 9 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Tarbert

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore.* Since birth

*Place of Death,* {Give Street and Number.} 22 Centre Nekt. Space

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* July 15th 85

*Undertaker,* James. P. Byrnes

*Place of Business,* 63. N. Front St

F. F. Mayer M. D.
Medical Attendant.

*Address,* 1 So. Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

OAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84944. *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE, MD

# CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1885 6 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ward.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 2 *Months,* ..... *Days,*

*Color,* Light Brown.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maternity Hospital.

*Duration of Residence in the City of Baltimore,* All its life

*Place of Death,* {Give street and Number.} No 1. Bethel Court.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Barnum Bray Cemetery

*Date of Burial,* July 15th 1885

*Undertaker* Morgan & Pye

*Place of Business,* Mulberry st *Address,* City Hospital

J. B. Saunders, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84941 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 14"

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Steele (Paul)

*Sex, Male or* [redacted], {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 116 Leadenhall St

*Cause of Death,* First (Primary),

Second (Immediate), Abscess

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Jul 15" 1885

James A. Steuart M. D.

*Undertaker,* Julius Koehler

*Place of Business,* S. Paca St Cross St

Comm'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E Fielding Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84942 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUL 15 1885 BALTIMORE

*Date of Death,* July 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. McKew (Twin)

*Sex,* [redacted] *or Female,* {Cross out the word not required in this line.}

*Age,* [illegible] *Years,* [illegible] *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 116 Leadenhall St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* July 15th 1885

*Undertaker,* Julius Koehler

*Place of Business,*

James A. Steuart M. D.

Coroner & Health & Registrar

*Address,* [redacted]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Swedenburg Inspector

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8 4943 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE, MD.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Riley

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* about 45 *Years,* ..... *Months,* ..... *Days*

*Color* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Driver of lumber wagon

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Md

*Duration of Residence in the City of Baltimore,* about 30 years

*Place of Death,* {Give Street and Number.} 141 Etting St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), "

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 15 1885

*Undertaker,* S H Chase

*Place of Business,* 198 Howard st

B B Browne M. D.
Medical Attendant.

*Address,* 307 Madison Av.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84944 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Gottaleben

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation* Tailoress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give street and Number.} 462 E. Eldar st

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* July 17th 1885

*Undertaker* Adam Funk

*Place of Business,* 461 E. Eld st

P. G. Dausch M. D.
Medical Attendant.

*Address,* 325 E. Baltimore st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 84945 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other porson superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 14th July 18 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Bell, Sen.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 79 *Years,* 6 *Months,* 14 *Days*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower ✓

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ravensworth, England

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give Street and Number.} 172 Lafayette Avenue

*Cause of Death,* First (Primary), Valvular disease of Heart

Second (Immediate), — — —

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Kent Co Md

*Date of Burial,* July 17 - 85

*Undertaker,* Henry Entwistle Sons

*Place of Business,* Park Avenue Address, Fayette & Fremont Sts.

N. H. Littell, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3807

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84946 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE

*Date of Death,* July 14/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter D Stallings

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 303 Columbia

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 16th

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw

Chas A Tate M. D.
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84947 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 15 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 13 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Austin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 379 N Catt St.

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Congestion of the Lungs

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 15 1885

*Undertaker,* Austin & Conroy

*Place of Business,* 263 Light

Frederick Butler M. D.
Medical Attendant.

Address. 410 Hanover St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84948 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE

*Date of Death,* July 14. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Minna Stein

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* about 63 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hagen, Hanover, Germany,

*Duration of Residence in the City of Baltimore,* about 34 Years

*Place of Death,* {Give Street and Number.} Cor Druid Hill av & St Mangs St No 59

*Cause of Death,* First (Primary), Softening of Brain

Second (Immediate), Apoplexy

*Duration of Last Sickness,* About 4 years, but suddenly ill one day

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Burial Ground

*Date of Burial,* July 16th 1885

*Undertaker,* John J Andrews

*Place of Business,* No 476 Druid Hill Ave

B. B. Browne M. D.
Medical Attendant.

*Address,* 307 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 84949 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Petrofsken (Sitruski)

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 3 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life-time.

*Place of Death,* {Give Street and Number.} 3 Philpot St.

*Cause of Death,* First (Primary), Enteric - Colitis

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens Cem'ty

*Date of Burial,* July 15th 85

John H. Kelberger M. D.
Medical Attendant.

*Undertaker,* F. Crack & Co

*Place of Business,* 215 Aisquith St *Address,* 243 Aliceanna St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the REMARKS below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84950

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUL 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta May Lutro

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 7 Years

*Place of Death,* {Give street and number.} 46 Mulberry St.

*Cause of Death,* First, (Primary.) Cerebritis

Second, (Immediate.)

*Duration of Last Sickness,* a couple weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shar[illegible] St- C

*Date of Burial,* July 15-

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry st

J. Kingling, *M.D.,*

Medical Attendant.

*Address,* 152½ N. Eutaw St-

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84951 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 15 1885

# CERTIFICATE OF DEATH.

*Date of Death,* 14 July 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Fuller

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Years, 7 Months, 14 Days,

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* none

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 210 N. Fulton

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* July 15th 1885

*Undertaker* Denny & Mitchell

*Place of Business,* 550 W. Fayette *Address,* 570 W Fayette St

J. Jno Hood M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 84952 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH JUL 15 1885 BALTIMORE, MD.

a

# CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. C. H. Coffield

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 78 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Cecil Co. Md.

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} 100 N. Carrollton Ave.

*Cause of Death,* First (Primary), Chronic Prostatitis which became

Second (Immediate), Acute.

*Duration of Last Sickness,* Two weeks

the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 16th 1885

*Undertaker* Denny & Mitchell

*Place of Business* 850 W Fayette

Christopher Schaefer M. D.
Medical Attendant.

*Address,* 82 Franklin St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84953 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Saunseth

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 1 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} 46 Rose St. Canton

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 16th 1885

*Undertaker,* G. France

*Place of Business,* Frank & Wolfe & Co *Address,* 2437 Eastern Ave

John H. Rebberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84954 *Office of Registrar of Vital Statistics.* Ward 3 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gilgannon

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* 6 *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 21 yrs

*Place of Death,* {Give Street and Number.} 409 E. Lombard St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem.

*Date of Burial,* July 17th 85

*Undertaker,* E. Frances

*Place of Business,* 1 Paca & Wolfe Sts *Address,* [illegible]

W. [illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8495 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14. 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Ruppert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 731 Hanover St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western C.

*Date of Burial,* July 15

*Undertaker,* G. Hyde

*Place of Business,* 52 W. Pratt

Thomas Corbin M. D.
Medical Attendant.

*Address,* 110 Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84956 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Worsell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~ Years, 4 Months, ~~ Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 220 Hanover St

*Cause of Death,* First (Primary), Chs Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 16th 1885

*Undertaker,* A Ross

*Place of Business,*

James A. Stewart M. D.

Asst Supt Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dudrey Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84954 *Office of Registrar of Vital Statistics.* Ward 3 1/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dorsey

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 24 *Days*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 110 S Bethel St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 20 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 15th/85

*Undertaker,* J H Locks

*Place of Business,* 412 Jefferson Ave

R W Mansfield M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 47958 *Office of Registrar of Vital Statistics.* Ward 20"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} his name (L.) Postel. (Laurence Postel. Father

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, Months, 1 hour. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 307 Argyle Ave Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 307 Argyle Ave

*Cause of Death,* First (Primary), Premature birth.

Second (Immediate), (5 Mos. Pregnancy)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* July 15

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

J. G. Wilkens M. D.
Medical Attendant.

*Address,* J. G. Wilkens

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 84959 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Raymond Lutcher

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... Three *Months,* Six *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give street and Number.} 30 Frederick avenue.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* One week,

All the above information should be furnished by the Physician.

*Place of Burial,* London Park.

*Date of Burial,* July 16th /85

W. W. Wright *M. D.,*

Medical Attendant.

*Undertaker,* John P. Pauly

*Place of Business,* 66 Fred. Ave *Address,* 221 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84960. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 — '83.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Stuchplin

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* 4 *Months,* *Days*

*Color,* Dark —

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* Housekeeping —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland —

*Duration of Residence in the City of Baltimore,* 5 — Years

*Place of Death,* {Give Street and Number.} 14 E. Paca St.

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid - Malarial fever

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial* Loudenil Cemetery

*Date of Burial,* July 16 1883

*Undertaker,* Heckendorn Bros

*Place of Business,* 95 Lon Wayst

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 337 Barre St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Notice, and to the Rules and Regulations printed on the Back Hereof.

# Board of Health, City of Baltimore,

Permit No. 8494 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joshua Nathaniel Morsel

*Sex, Male* ~~or Female.~~ {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* 20 *Days.*

*Color* C

*Married, Single, Widow or* ~~Widower.~~ {Cross out the word not required in this line.}

*Occupation* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} #252 Fort St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} #252 Fort St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 or 4 days

the above information should be furnished by the Physician.

*Place of Burial,* Laurel Center

*Date of Burial,* July 16 1885

*Undertaker* Hercules Row

*Place of Business,* 958 W Fayt

Geo. H. Dorsey M. D.
Medical Attendant.

*Address,* # 44 Hanover

---

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 27962 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Ford Fairbanks

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* 20 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 116 Argyle Ave.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Asthenia

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 16th 1885

*Undertaker,* John F. Monahan

*Place of Business,* 198 Linn Ave

Eldridge C. Price M. D.
Medical Attendant.

Office 262 Mach. Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84963. *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUL 15 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* ..... *Months,* ..... *Days*

*Color,* Blk

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 10 yrs.

*Place of Death,* {Give Street and Number.} 110 Russell

*Cause of Death,* First (Primary), Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Pentecost Cemetery Md.

*Date of Burial,* July 16 1885

*Undertaker,* Hezekiah Dean

*Place of Business,* 95 Low West *Address,* 313 Light St.

Rio D Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Trans. 3808

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84964 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 1885

*Date of Death,* July 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen May Corman

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} Female

*Age,* *Years,* *Months,* 6 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 9 N Calhoun St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Burial Ground

*Date of Burial,* July 17/85

*Undertaker,* EWART & BOWEN UNDERTAKERS 38 PARK PLACE

*Place of Business,*

John Neff M. D.
Medical Attendant.

*Address,* 206 N. Carrollton Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84965 *Office of Registrar of Vital Statistics.* Ward 4th W.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Frank Bitter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* ——— 7 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hartford Con.

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give Street and Number.} 45 E. Fayette st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Convulsions

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 16

*Undertaker,* Stephen Spencer & Co

*Place of Business,* 60 E Balto st

L. Obrisbrunt M. D.
Medical Attendant.

*Address,* 12 S. Eden st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 84966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 16 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 14th July, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kerr.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 31 Years, — Months, — Days.

*Color,* White. — *Sex,* Male.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number.} 269 N. Howard Street.

*Cause of Death,* First (Primary,) Obstruction of Bowels.
Second (Immediate,)

*Duration of Last Sickness,* Three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem.

*Date of Burial,* July 16th 1885

*Undertaker,* Jos F Boyce

*Place of Business,* [illegible]

Geo. J. Collins, M. D.
Medical Attendant.

*Address* 80 W. John St., Baltimore.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84967 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 16 1885 BALTIMORE MD.

*Date of Death,* July 16/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva King

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 2 months

*Place of Death,* {Give Street and Number.} 27 Reeses alley

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St Cem

*Date of Burial,* July 17 1885

*Undertaker,* Geo Baker

*Place of Business,* 221 Hanover

E. Mitchell M. D.
Medical Attendant.

*Address,* 168 S Shark St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84968. *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 16 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georanna dau of Cornelius Weeks

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~ Years, ~~ Months, 4 Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 212 N Hanburg St

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 16th 1885.

*Undertaker,* Geo. W. Perkins

*Place of Business,*

James A Steuart M. D.

Comm'r of Health & Registrar

*Address,*

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John. E. Dunning Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 84969 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 1885

*Date of Death,* July 13. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary L. Smith

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *05 Months,* *14 Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 138 1/2 Raborg

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion -

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cemetery

*Date of Burial,* July 16 1885

*Undertaker* William Kruger

*Place of Business,* 62 East St

Henry Chandlee M. D.
Medical Attendant.

*Address,* 181 Linden Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84979 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1885 4,30 a.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Tyler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* ..... *Months.* Nine *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* 1 year 9 days

*Place of Death,* {Give Street and Number.} 70 Aisquith Street

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's Cem.

*Date of Burial,* July 16th

*Undertaker,* Daniel Gordon

*Place of Business,* 70 Caroline St

E. C. Libbs M. D.

Medical Attendant.

Address, 112 Hanover St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

9

**Permit No.** 84971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 1885 BALTIMORE

*Date of Death,* July 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert T. Jenkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number.} 78 Saratoga St.

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) Passive Congestion of Brain

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 16/85

*Undertaker,* H. W. Jenkins Sons

*Place of Business,* Park & Saratoga Sts

L. A. Scott M. D.
Medical Attendant.

Address 77 Centre St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

Form

# Board of Health, City of Baltimore,

Permit No. 84972 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Roberts Poultney

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 10 *Months,* 3 *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 24

*Place of Death,* {Give street and Number.} 201 Bolton St.

*Cause of Death,* First, (Primary,) Heart Disease (Mitral Insufficiency)

Second, (Immediate,) Enteritis (Not Diarrhoeal)

*Duration of Last Sickness,* 24 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Cemetery

*Date of Burial,* July 16 1885

*Undertaker,* Chas. T. Scriven

*Place of Business,* 271 N. Eutaw

Flora A. Brewster M. D., Medical Attendant.

Address, 280 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 84973 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Holliday

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 70 *Years,* About *Months,* Unknown *Days,*

*Color,* Black

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation* Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Long Green, Baltimore Co. Md.

*Duration of Residence in the City of Baltimore,* 25 Years, (about)

*Place of Death,* {Give street and Number.} 39 Moore's Alley

*Cause of Death,* First (Primary), Organic Heart disease

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 7 days

the above information should be furnished by the Physician.

*Place of Burial,* Long Green Balto. Co

*Date of Burial,* July 16 85

*Undertaker* Chas. J. Sewell

*Place of Business,* 27 E. Eutaw *Address,* 193 Linden Ave

Thos Dodson M. D.
Medical Attendant.

per J.C.S.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3806 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84974 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Meullein

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 72 Lancaster St.

*Cause of Death,* First (Primary), Icterus

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* July 16th 1885

*Undertaker,* Jos Sicaland

*Place of Business,* 17 Alice Anne

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Alice Anne

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84975 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUL 1885 BALTIMORE

*Date of Death,* July 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P. Dunn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Student

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 43 S. Chapel St.

*Cause of Death,* First (Primary), Acute Phthisis

Second (Immediate), Hemorrhage, Asthenia

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick

*Date of Burial,* July 17 1885

*Undertaker,* M. Clark & Son

*Place of Business,* 92 S Gay *Address* 479 S. Paca St.

James P. Dunn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84976 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 16 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Viola Durrama Hughes

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* 10 *Months,* 18 *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give Street and Number.} 154 E. Pratt St.

*Cause of Death,* First (Primary), Acute Peritonitis and inflammation

Second (Immediate), of the bowels

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 17/85

*Undertaker,* Wm. F. Fry

*Place of Business,* 47 W. Broadway *Address,* 50 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 84977 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 10 1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Elmer Buppert

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* Years, 6 Months, Days,

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and Number.} 65 Cider Alley.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) " "

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem. Liberty Road

*Date of Burial,* July 12/80

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto St. *Address,* 87 N Paca St.

H. C. Hammer M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84978 *Office of Registrar of Vital Statistics.* Ward 57

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hochadel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 75 *Years,* — *Months.* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 33 years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Pr. Creek Va

*Cause of Death,* First (Primary). Senility

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ct

*Date of Burial,* July 17 1885

*Undertaker,* Henry Hoch

*Place of Business,* 309 W Pratt St

H. O. Stuber M. D.
Medical Attendant.

E. A. Bayer Resident
Address, 306

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 84979

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84979 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* July 15 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kroger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Addison Alley 5th between Wilkins & Dentition

*Cause of Death,* First (Primary), Dentition

Second (Immediate), "

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* W B Public Cem

*Date of Burial,* July 16/85

*Undertaker,* F A Kirchner

*Place of Business,* .....

James A Stewart M. D.

Medical Attendant.

*Address,* Lemmon Row

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. C. Roberts Sanit Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84980 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 1885

*Date of Death,* 15th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Mitchell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Years, 3 Months, Days

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Nothing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give Street and Number.} 136. York St.

*Cause of Death,* First (Primary), Diarrhea

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shuzpurt Cemetery

*Date of Burial,* July 16 1885

*Undertaker,* Herbert Rose

*Place of Business,* 95 E. Pratt *Address.* 146. Hill St.

L. D. Loyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Sign [illegible]

# Board of Health, City of Baltimore,

Permit No. 84981 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 16 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Clifton Mannin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 15 *Months,* 4 — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 15 mos.

*Place of Death,* {Give street and Number.} 226 Montgomery St. —

*Cause of Death,* First, (Primary,) Catarrhal Pneumonitis

Second, (Immediate,)

*Duration of Last Sickness,* 5 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 16

*Undertaker,* B. Hall

*Place of Business,* 82 Marsh Pl

Geo A Strauss. M. D.,
Medical Attendant.

*Address,* 226 Montgomery St —

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8498 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE

*Date of Death,* July 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Hubbard

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* Eleven *Months,* 1 *Days* 9

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city no.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 13 Patapsco St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lorshester Cambriehs

*Date of Burial,* July 16th "

*Undertaker,* C. B. Harle

*Place of Business,* No 82 West St

H. Wiley M. D.
Medical Attendant

*Address,* 195 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3809 Fransil

Special attention of Physicians is respectfully invited to the remarks below, and to use of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84983 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Bishop

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 2 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 408 Jefferson St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 21 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cemetery

*Date of Burial,* July 17 1885

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St *Address,* 137 [illegible]

..... M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84984 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Strobinsky

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 14 *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 554 W. Pratt St.

*Cause of Death,* First (Primary),

Second (Immediate), Duration

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park

*Date of Burial,* July 17 1902

*Undertaker,* Andrew Kohle

*Place of Business,* 148 Penna Ave

H. W. Nebner M. D.
Medical Attendant.

*Address,* 298 W. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84985 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Knauer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* 23 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 70 Orleans St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* About two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* July 17/1885

*Undertaker,* Henry McGinnis

*Place of Business,* 8 W. Central Address, 105 W. Central Ave.

Francis A. Sauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 04-906

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 84981 *Office of Registrar of Vital Statistics.* Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin O'Connor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* 7 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* {Give Street and Number.} 143 ~~Hanford~~ ave Greenmt Ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 8 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's Govanstown

*Date of Burial,* July 16th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* Go Greenmt Ave Address, 283 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8 4 7 8 7

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

# Board of Health, City of Baltimore.

**Permit No.** 84587 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Cunningham.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* One *Years,* Five *Months,* ..... *Days,*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} No. 20 Point lane.

*Cause of Death,* First (Primary), Laryngitis.

Second (Immediate), Convulsions

*Duration of Last Sickness,* About two days.

the above info must should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 17th

*Undertaker* H. C. Wildefeld

*Place of Business,* 90 Greenmount ave

Chas. A. Elwell, M. D.
Medical Attendant.

Address, 539 Hanover ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84988

## Office of Registrar of Vital Statistics.

Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 17 1885
BALTIMORE, MD.

# CERTIFICATE OF DEATH

C

*Date of Death,* July 16/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ulka

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 8 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 184 N. Caroline St.

*Cause of Death,* First (Primary), Convulsions Infantile

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green's

*Date of Burial,* July 17

*Undertaker,* Wendel

*Place of Business,* Bond

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 52 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84989 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. A. Sews

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 3 *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} No 3 S. Eden st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 17

*Undertaker,* W. Dyer

*Place of Business,* 1 Bond 137 *Address,* 12 S. Eden st

L. C. Whitemarsh M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84990 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE DEPARTMENT OF HEALTH JUL 17 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 — "85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Burst

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* — *Months,* — *Days*

*Color,* W. A.

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Saloon-keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} No. 114 Thames St.

*Cause of Death,* First (Primary),

Second (Immediate), Asphyxia, caused by hanging

*Duration of Last Sickness,* About 3-5 minutes.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 17 July 1885

*Undertaker,* John G. Stuck

*Place of Business,* 265 Aliceanna

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Shot by a man named Spike. Spike made his escape. Deceased died about 2 hours after attempted suicide. Left a wife & two children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 84991 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1885 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* 15 July 85.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna R Newbaugh

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 58 *Years,* — *Months,* — *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation* House Keeper

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore U S.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } No 7. E Wolfe St.

*Cause of Death,* First (Primary), Malaria Complicated with Erysipelas

Second (Immediate), Exanthem —

*Duration of Last Sickness,* 4 days —

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* July 17th 1885

*Undertaker* John Fate

*Place of Business,* 201 Bank St.

Thomas J Simms M. D.
Medical Attendant.

*Address,* 742 N. B. Way —

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 5499

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8499 Office of Registrar of Vital Statistics. Ward 11

HEALTH DEPARTMENT 1885 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Cooper

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ eleven Days

*Color,* colored

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 78 Jasper street.

*Cause of Death,* First (Primary), Intestinal Catarrh.

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 17th 1885

*Undertaker,* H. H. Bishop & Co

*Place of Business,* 97 Druid Hill Ave

Marie E. Thalwitzer M. D.
Medical Attendant.

*Address,* 256 Mulberry street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84993 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 17 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Baker

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 92 *Years,* *Months.* *Days*

*Color,* White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} York Co. Pa

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 12 N. Poppleton St.

*Cause of Death,* First (Primary), old age

Second (Immediate), asthenia

*Duration of Last Sickness,* about Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Poplar Meeting House Balto Co Md

*Date of Burial,* July 18th 1885

*Undertaker,* John J Andrews

*Place of Business,* No 416 Druid Hill Ave *Address* 273 W Fayette St

H Homer Hoffman M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3810 Fawcett [over.]

...Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 84994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT RECEIVED JUL 17 1885 BALTIMORE, MD.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 15. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Pratt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Sex, Female. Single.

*Occupation,* Housekeeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Cheston Co. Eastern Shore. Md

*Duration of Residence in the City of Baltimore,* about 70 years.

*Place of Death,* {Give street and number.} 42 Douglass St.

*Cause of Death,* {First (Primary,) Old Age. Diarrhea Colliquativa

{Second (Immediate,) Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 17 1885

*Undertaker,* J J Locks

*Place of Business,* 73 Jefferson

Jno. H. Lowman M. D.
Medical Attendant.

*Address* 218 E. Monument St,
N. E Cor.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore..***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 14995

# Health Department, City of Baltimore.

Permit No. 84995

*Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 17 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie & David Watkins (Parents)

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 50 Hanstead st

*Cause of Death,* First (Primary), Asthenia

Second (Immediate), since Birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Public Cem

*Date of Burial,* July 17th 1885

*Undertaker,* Geo Rinehart

*Place of Business,*

James A Shinn M. D.
~~Medical Attendant.~~

*Address,* Cumgn & C

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McM^c Keuren Sanitary Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 84996

# Board of Health, City of Baltimore,

Permit No. 84996 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
JUL 17 1885
CLERK

## CERTIFICATE OF DEATH.

*Date of Death,* 16 July 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Highland

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* *Years,* *Months,* 7 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,* Since

*Place of Death,* { Give street and Number. } Cor. Collins & Augur

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* July 17/85

*Undertaker* J. B. Cook

*Place of Business,* 207 W. Balt St

*Address,*

Medical Attendant. *M. D.*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 84997

# Board of Health, City of Baltimore,

Permit No. 84997

## Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

BALTIMORE MD. JUL 17 1885

*Date of Death,* July 17th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William David Cattion

*Sex, Male or Female,* { Cross out the word not required in this line. } Male.

*Age,* Years, 4. Months, 18 Days,

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* Sucks

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 125 D. Stricker St.

*Duration of Residence in the City of Baltimore,* All is life.

*Place of Death,* { Give street and Number. } 125 S. Stricker St.

*Cause of Death,* First (Primary), Epileptiform Convulsions.

Second (Immediate), Asthenia

*Duration of Last Sickness,* All is life

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* July 18th 1885

*Undertaker* Jos. A. Brock

*Place of Business,* No 707 W. Baltimore St

J. B. Saunders M. D.
Medical Attendant.

*Address,* City Hospital Disp.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84998

## Office of Registrar of Vital Statistics.

Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Grant

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 75-80 *Years,* *Months,* *Days*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,* Domestic?

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

*Duration of Residence in the City of Baltimore,* 40-50 years

*Place of Death,* {Give Street and Number.} 1 Pace court

*Cause of Death,* First (Primary), Old age

Second (Immediate),

*Duration of Last Sickness,* some months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 18th 1885

*Undertaker,* Wm James Gray

*Place of Business,* 65 M—

H. Hawkins M. D.
Medical Attendant.

*Address,* 55 N. Green St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 84999 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 17 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellmer Austin Ruckle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 5 Months, 19 Days

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 366 Mulberry St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 18th 1885

*Undertaker,* John J Andrews

*Place of Business,* 164 to Druid Hill Ave

Louis C. Horn M. D.
per E H K
Medical Attendant.

*Address,* 226 Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to [illegible] on back of this Certificate.

# Board of Health, City of Baltimore,

18

**Permit No.** 85000

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 17 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Willey Webb

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, 9 Days.

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* 2 mo 9 days

*Place of Death,* {Give street and number.} No 32 Safetras st

*Cause of Death,* First (Primary,) Gastro -

Second (Immediate.) - Enteritis

*Duration of Last Sickness,* 10 day

All the above information should be furnished by the Physician.

*Place of Burial,* Virginia

*Date of Burial,* July 17/85

T Edward Kelley M. D.
Medical Attendant.

*Undertaker,* F. N. C Frell,

*Place of Business,* #131 Hanover St. Address 82 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8300/ *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Zillonecka

*Sex, Male or Female,* {Cross out the word not required in this line.} (Stanislaus) Male

*Age,* — *Years,* 3 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No 19 Bartlett st

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Spasms

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels Cemetery

*Date of Burial,* 7/8

*Undertaker,* —

*Place of Business,* —

E. L. Baldenbosh M. D.
Medical Attendant.

*Address,* 166 S Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 85002

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85002 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gibbons

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 68 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 99 Eleventh St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 2 years

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem.

*Date of Burial,* July 18 1885

*Undertaker,* H. Franz

*Place of Business,* Franz & Wolf's Address, 130 Eutaw St.

E. Williams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85003 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 17 1885

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 16 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A Nugard

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* ——— *Months.* ——— *Days*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Machinist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Cor Gunny & Orleans.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 17 1885.

*Undertaker,* M. C. Hickman

*Place of Business,* 234 E. Fayette *Address,* 251 Fremont Ave

J. H. Robinson M. D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8500 4 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 17 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rodgers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 36 Rockrd st.

*Cause of Death,* First (Primary), Suddenly of

Second (Immediate), Heart disease

*Duration of Last Sickness,* about 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 17th 85

*Undertaker,* Wm J Schaffer

*Place of Business,* No 5, S. Front St

Wm A. Jones M. D.

Coroner ~~Medical Attendant~~

*Address,* 326 Hollins st city

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83005

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 83005 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann John Sweets (Parents)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* ~~~~ *Months,* 1 1/2 *Days* ~~Days~~

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 80 Wilcox Alley

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Western Pub. Cem

*Date of Burial,* July 17th 1885

*Undertaker,* F. A. Kirchner

*Place of Business,*

Jas. A. Steuart M. D.

Comm" of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Duding = Inspector

No. 5006

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 5006 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JULY 17 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bayley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 6 *Months,* 4 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 193 Vincent St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Inanition

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shoppert Cemetery

*Date of Burial,* July 16 1885

*Undertaker,* William A Demge

*Place of Business,* 62 East St

J W J England M. D.
Medical Attendant.

*Address,* 39 Fairvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85007 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 17th July 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E K Serogins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 1 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 7 mos

*Place of Death,* {Give street and number.} 7 Stockton Alley

*Cause of death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 18 1885

*Undertaker,* Wilson & Young

*Place of Business,* 62 East St

Wm J. Evans M. D.,
Medical Attendant.

*Address,* Cary & Harlem

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

11

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 15608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, BALTIMORE, MD. JUL 17 1885

# CERTIFICATE OF DEATH.

*Date of Death,* 17th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sidonia Butler.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Two — *Years,* — *Months,* — *Days.*

*Color,* Col. — *Sex,* Female —

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~

*Place of Death,* {Give street and number.} 7 John Alley.

*Cause of Death,* { First (Primary,) Dysentery.
Second (Immediate,)

*Duration of Last Sickness,* Ten days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 17 85

Geo. I. Collins *M. D.*
*Medical Attendant.*
80 N. John St.

*Undertaker,* Chas. I. Devries

*Place of Business,* 271 W. Eutaw *Address* Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate [illegible] as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the [illegible] and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No 85009 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 17 1885

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis H Bottentuse

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* Two months

*Place of Death,* {Give street and Number.} ~~X~~ 21 N Exeter St

*Cause of Death,* First (Primary),

Second (Immediate) Consumption

*Duration of Last Sickness,* 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 18

*Undertaker* Hughes Spencer Co

*Place of Business,* 60 E Balto St

C H Mahon M. D.
Medical Attendant.

Address, Exeter St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 85010 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MD JUL 17 1885

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Burke

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 30 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation* Driver

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since Born

*Place of Death,* {Give street and Number.} 20½ Neighbour st

*Cause of Death,* First (Primary), Consumption 2

Second (Immediate). Disease of Valves of Heart.

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cemetery

*Date of Burial,* July 17. 1885. J. S. Daniel M. D.

Medical Attendant.

*Undertaker* Henry Wm. Sidnis

*Place of Business,* 17 E. Monument *Address,* 225 E. Baltimore st.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85011 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heathen Nellie

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months.* 21 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No. 364 Fairmount St

*Cause of Death,* First (Primary), ——

Second (Immediate), Summer Complaint

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 18th

*Undertaker,* Geo Schilling

*Place of Business,* 1st Canal Square Address, No. 97 N. Charles St

Thomas Skeen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER

ROCAK SAFETY

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8302 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS
JUL 17 1885
BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* 16 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ebert Wilhelm Bruns

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 53 *Years,* 7 *Months,* [illegible] *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 25 Albemarle St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Hemorrhage from the bowels

*Duration of Last Sickness,* 12 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 19th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland & Lynar *Address,* 211 N Howard St

L E Steinhard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85013 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 17 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Annie R. Winters

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 188 Hanford Ave.

*Cause of Death,* First (Primary), Hemiplegia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1½ days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 19th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Jno. Stokes Bayle M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85014 — *Office of Registrar of Vital Statistics.* — 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

BOARD OF HEALTH, JUL 17 1885 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* 16th July 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Robinson

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* — ~~Years,~~ 3 *Months,* 14 *Days.*

*Color,* Blk

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 184 Vine St

*Cause of Death,* { First, (Primary.) Marasmus. / Second, (Immediate.) }

*Duration of Last Sickness,* 3 mos & 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetry

*Date of Burial,* July 17 1885

*Undertaker,* Wm H Madden

*Place of Business,* 46 East St

Arthur H Atkinson M.D.,
Medical Attendant.

*Address,* 117 N. Charles St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86015 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Thornburg

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ / ~~Female~~

*Age,* —— *Years,* 5 *Months,* —— *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ / ~~Widow~~ / ~~Widower~~

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md U.S.A.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 44 d Exter st

*Cause of Death,* First (Primary), ——

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* / 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 16th 1885

*Undertaker,* Edward Fish

*Place of Business,* 401 E Pratt St

J E Gorsuch M. D.
Medical Attendant.

*Address,* ——

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 8596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* No 1 Bouldin alley July 17th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benj. Davis

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* ~~Years,~~ 7 *Months,* ~~Days.~~

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } Same

*Cause of Death,* { First, (Primary,) Cerebritis / Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 4 or 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 17 1885

F. J. Filauneru M. D.
Medical Attendant.

*Undertaker,* A. & J. Heaney

*Place of Business,* 116 Orchard St. *Address,* Cor Wilson & Division

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 88017 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. Lesley Nescomb

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months.* 22 *Days*

*Color,*

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 221 S. Paca St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera-infantum

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 18th 1885

*Undertaker,* Wm. S. Thacher

*Place of Business,* No 150 Camden *Address,* 339 Barre St

J. Tyler Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85018 *Office of Registrar of Vital Statistics.* Ward B

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 17 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edwin Keys

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* 11 *Months,* 5 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Brass Moulder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 48 E Washington St

*Cause of Death,* First (Primary), Acute Pulmonary Tuberculosis

Second (Immediate),

*Duration of Last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co Md

*Date of Burial,* July 20" 1885

*Undertaker,* H. A. Sayer

*Place of Business,* 4 & 6 E Broadway *Address,* 2 N Broadway

D. W. Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85019 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 17 1885

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary G. Stevens

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 8 Hours *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 36 Carlton St

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem

*Date of Burial,* July 18th 1885

*Undertaker,* W N Dungee

*Place of Business,*

James A Steuart M. D.

*Address,* Cor Gay & Front St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

W. McRobert Saint Insp

...Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85020 *Office of Registrar of Vital Statistics.* Ward 8 & 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT, JUL 18 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janet Anna Henderson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 1 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* — —

*Place of Death,* {Give Street and Number.} 41 E Chase st

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Acute Meningitis

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 18th

*Undertaker,* Geo Schilling

*Place of Business,* Holland & Lyons

Wm B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E Preston st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 83021 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nichols

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2. *Months.* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 350 Cross St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 6 da Day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 18th 1885

Edward Cook M. D.
Medical Attendant.

*Undertaker,* Wilhelm Koehler

*Place of Business,* 1 Sharpe Cross St. *Address,* 446 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85242 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE JUL 18 1885 BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Dont Known

*Place of Death,* {Give Street and Number.} Rest. Little Sisters Poor

*Cause of Death,* First (Primary), Age

Second (Immediate), Chronic Bronchitis & Infirmity

*Duration of Last Sickness,* one Month

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 18/85 Dr. Wooldridge M. D.

*Undertaker,* W. Blotkamp Medical Attendant.

*Place of Business,* E. Lombard *Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to Use of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85023 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Trumpler

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* ..... *Months.* ..... *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters Poor

*Cause of Death,* First (Primary), Age & Infirmity

Second (Immediate), Asthma & Bronchitis

*Duration of Last Sickness,* week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 18th 1885

*Undertaker,* Wm Blotkamp

*Place of Business,* ——— *Address,* .....

Jno. Burke Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

JUL 18 1885

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Ann M Haller

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 74 *Years,* 8 *Months,* 17 *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Frederick City Fred Co Md

*Duration of Residence in the City of Baltimore,* Nine (9) years

*Place of Death,* { Give street and number. } 212 N. Carey St

*Cause of Death,* First (Primary,) Valvular disease of the Heart

Second (Immediate,) Asthenia

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick City Md Jas. H. Gaskins M. D.

Medical Attendant.

*Date of Burial,* July 18/85

*Undertaker,* J. B. Cook Address 221 Carrollton ave

*Place of Business,* 707 W. Balto St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 88025 *Office of Registrar of Vital Statistics,* Ward 19 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Patrick

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* Years, 7 Months, Days,

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 464 Lanvale St

*Cause of Death,* First (Primary).

Second (Immediate). Cholera infantum

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 18/85

*Undertaker* J. B. Cook

*Place of Business,* 707 W. Balto St

Edward R. Ward M. D.
Medical Attendant.

*Residence,* 248 N. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85026 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

## CERTIFICATE OF DEATH.

*Date of Death,* July 17/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* ——— *Days*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 18/85

*Undertaker,* Robert Robinson

*Place of Business,* Division & Townsend,

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem Ave, Calhoun

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 8507 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Richardson

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 81 *Years,* 3 *Months,* *Days.*

*Color,* White

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

*Duration of Residence in the City of Baltimore,* Four years

*Place of Death,* {Give street and Number.} 65 Musher St.

*Cause of Death,* First, (Primary,) Confinement consequent on fractured hip about a year ago

Second, (Immediate,) Exhaustion told age

*Duration of Last Sickness,* Abt 2 months

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park

*Date of Burial,* July 19th 85

*Undertaker,* Stuart & Mowen

*Place of Business,* 65 Park

Dr. Carey Finney M. D., Medical Attendant.

*Address,* 317 Meadow Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85928 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Shimi

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 35 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* Four Years

*Place of Death,* {Give Street and Number.} No 2 Burke St. South of Monument

*Cause of Death,* First (Primary), Puerperal Peritonitis

Second (Immediate), Asthenia

*Duration of Last Sickness,* Three days.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pratt Cemetery

*Date of Burial,* July 18/885

*Undertaker,* Geo. Rikeman

*Place of Business,* Forrest Place *Address,* 256 N. Eden St.

John U. Pickett M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[ov...

# Health Department, City of Baltimore.

Permit No. 85029 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT JUL 18 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 17 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ebenezer Coltman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Labor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give Street and Number.} 7. China St.

*Cause of Death,* First (Primary), Coup. de Soliel

Second (Immediate), Congestion of Lungs

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 19/85

*Undertaker,* I + R Ross

*Place of Business,* Conway St

L. D. Byer M. D.
Medical Attendant.

*Address,* 146. Hill St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85030 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 - 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Carr

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~1~~ *Years,* 7 *Months,* *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va - Balto City

*Duration of Residence in the City of Baltimore,* 7 mos

*Place of Death,* {Give Street and Number.} 173 Forest St.

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 18 1885

*Undertaker,* W. Madden

*Place of Business,* 76 East St. *Address,* Divine, Hosford

S. R. Bond M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...possibly furnished to the Undertaker below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85031 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 18 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 18, 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} W.m Glanzer.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months.* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} ~~Since birth~~ 17 Wilkens Av

*Cause of Death,* First (Primary), Insufficiency of Lungs

Second (Immediate), Congestion

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 18/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto

E. R. Wilson M. D.
Medical Attendant.

*Address,* 837 E. Pratt St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

**Permit No.** 85032 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 18 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretta Walter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 57 *Years,* 4 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give street and Number.} 90 S Broadway

*Cause of Death,* First (Primary), Tumor of Brain

Second (Immediate), Blindness Coma 4 days 2 weeks

*Duration of Last Sickness,*

The above information should be furnished by the Physician.

*Place of Burial,* Baltimore Conn

*Date of Burial,* July 19th 1885

*Undertaker* Wm. Sander & Son

*Place of Business,* 252 Canton Av *Address,*

A R Thurel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85033 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wendig

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 255 S. Sharp St.

*Cause of Death,* First (Primary), Chorea

Second (Immediate), Infantum

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Rood

*Date of Burial,* July 18

*Undertaker,* B J Gaul

*Place of Business,* 82 West Pr

A K Smith M. D.
Medical Attendant.

*Address,* 28 Leadenhall St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85034 *Office of Registrar of Vital Statistics.* Ward 16 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1885 BALTIMORE MD.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Gray

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* ~ *Months,* ~ *Days*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore.* 40 years

*Place of Death,* {Give Street and Number.} 54 Mulberry St

*Cause of Death,* First (Primary), Acute Mania

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 19th July 1885

*Undertaker,* H. W. Jenkins Sons

*Place of Business,* Park & Saratoga *Address,* 47 Franklin St.

Chas. Ian Bibler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85035 *Office of Registrar of Vital Statistics.* Ward 8/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lubin

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — — —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 119 Valley St

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Ch

*Date of Burial,* July 18 1885

*Undertaker,* Henry Hoeck

*Place of Business,* 309 W Pratt St *Address,* 228 E. Pratt

W. B. Billingslea M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85036 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D. Krebs

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 212 E. Chase St.

*Cause of Death,* First (Primary),

Second (Immediate), Congestion Brain

2 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* July 18 1885

*Undertaker,* Henry Hoeck

*Place of Business,* 309 W Fayette St *Address,*

Jno. Ross Buyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 84037 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1885 BALTIMORE MD.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius August Ewing

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 196 Frederick Avenue

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* about 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 19th 85

W R McCann M. D.
Medical Attendant.

{ *Undertaker,* John L. Pauly

*Place of Business,* 66 Fred. Ave. *Address,* 582 W. Hayden

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85038 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 18 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elder Collins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Date

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Division St near Wilson

*Cause of Death,* First (Primary), Teething

Second (Immediate), Convulsions

*Duration of Last Sickness,* About 2 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 19/85

*Undertaker,* Chas. F. Lenox

*Place of Business,* 27 N. Eutaw *Address,* 565 Druid Hill Ave

Chas E Battle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85039 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ridgely Pue

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* ~~64~~ *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co Md.

*Duration of Residence in the City of Baltimore,* Sixty years

*Place of Death,* {Give Street and Number.} 149 N. Calvert St.

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 19th 85

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,*

M. D.
Medical Attendant.

Rich: R Pue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 65040 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Switzer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Bricklayer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 160 Pennsylvania Ave.

*Cause of Death,*

First (Primary), Chronic Nephritis.

Second (Immediate),

*Duration of Last Sickness,* Confined to house about a week.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 19th 1885

*Undertaker,* F. Lutz Schaefer

*Place of Business,* 109 N Pound *Address,* 115 W. Monument st

C. O'Donovan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85041 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 18 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob E. Fisher

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 59 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Car Builder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ger. Penna

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* {Give Street and Number.} 359 Division St.

*Cause of Death,* First (Primary), Tumor (probably cancerous) of the liver

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Yorkville Pa.

*Date of Burial,* July 18th 1885

Chas E Sadtler M. D.
Medical Attendant.

*Undertaker,* H. L. Fuss Schaefer

*Place of Business,* 109 N Fremont *Address,* 565 Druid Hill Av.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Trans. 3814

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85042 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Novak

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 3 *Months,* ~~Days~~

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Aclu

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 245 N. Durham

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 or 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsius (Cem.)

*Date of Burial,* July 18 1885

G. F. Taylor M. D.
Medical Attendant.

*Undertaker,* Frank H. Gaehle & Co.

*Place of Business,* 249 N. Durham *Address,* 234 N. Wolfe

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85043. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Ford

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, Six Months. Twenty one Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 135 N Bond St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* July 18th 1885

*Undertaker,* Fred [illegible]

*Place of Business,* 29[illegible] Address, [illegible]

S. O. Palmer M. D.
Medical Attendant.

[illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

51 SOUTH BROADWAY.

85044

Baltimore, July 18th 1885

HEALTH DEPART
JUL 18 188
BALTIMORE

Frantz Hampa
Died July 18th 1885 —
26 N. Fayette St.
Age 72 years 4 days
Vocation Cigar Maker
Res. in Balto. 43 years
Birthplace — Germany
Name of Sick Wife Val. Sis. of Heart
Immediate Cause
Dur. of last Sickness Unknown

E. B. Billow M.D.
51 S. Broadway

Ommanney
July 19
Fred Gaede

See following certificate

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 88044 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Hauba.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* 4 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Cigar Maker.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 43 years.

*Place of Death,* {Give Street and Number.} 26 West Fayette St.

*Cause of Death,* First (Primary), Val. Dis of Heart

Second (Immediate), Apnoia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Emanuel Cem

*Date of Burial,* July 19th 1885

*Undertaker,* Fred Gaede

*Place of Business,* *Address,*

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following Certificate

[over.]

# Health Department, City of Baltimore.

Permit No. 8504 *Office of Registrar of Vital Statistics.* Ward 9½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Stamfle

~~*Sex,*~~ *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 72 *Years,* — *Months,* — *Days*

*Color,* Wht.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Cigar Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 43 years.

*Place of Death;* {Give Street and Number.} No. 26 W. Fayette

*Cause of Death,* First (Primary), Dilatation of left Heart caused by insufficiency of mitral valves

Second (Immediate), —

*Duration of Last Sickness,* — Instant death

All the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* July 20th 1885

*Undertaker,* Fred Eade

*Place of Business,* 27 S. Eutaw

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 85045 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 19 1885

8

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McCaffrey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 84 N Calvert

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* July 21 1885

*Undertaker,* J. L. O'Byrne

*Place of Business,* 63 Hanover St

Hartman M. D.
Medical Attendant.

*Address,* 23 Franklin

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

**Permit No.** 850 46 *Office of Registrar of Vital Statistics.* **Ward** 47

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 15 1885

a

# CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Fleming

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 67 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widow

*Occupation* Lady's Nurse & Dressmaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Queens County Ireland

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give street and Number.} 95 Albemarle st

*Cause of Death,* First (Primary), Concussion of Spine

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 9 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 20 1885

*Undertaker* [illegible]

*Place of Business,* [illegible]

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Permit No. 8504

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

5 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1885

*Date of Death,* July 17/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas F Nock

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days.*

*Color,*

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 79 Eutaw St

*Cause of Death,* First, (Primary.) Cancer of the bowels

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 3 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Feb 19/85

*Undertaker,* Jos. F. Joyce

*Place of Business,* 53 N. Front St

E. George Walls M.D.,
Medical Attendant.

*Address,* 269 N Carolina St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 85048 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Wright

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 89 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Gardener

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md

*Duration of Residence in the City of Baltimore.* 50 yrs

*Place of Death,* {Give Street and Number.} Vincent ave. bet Baker & Eutaw

*Cause of Death,* First (Primary), Paralysis - (Hemiplegia)

Second (Immediate), Asthenia

*Duration of Last Sickness,* 13 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* July 19th 1885

*Undertaker,* Alex. Hennesley

*Place of Business,* 116 Aisquith St *Address,* Bloomfield

Chas E Hunter M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 850449 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 16 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward Coleman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond Va

*Duration of Residence in the City of Baltimore,* Fifteen Years

*Place of Death,* {Give Street and Number.} #20 Wood St.

*Cause of Death,*
First (Primary), ~~Cor~~ Pulmonary Phthisis
Second (Immediate), Hemorrhage

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 18 1885

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St *Address,* #20 Linden Ave

A. G. Irwin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85057 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 18 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles B. Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~38 Morris Al~~ Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 38 Morris al.

*Cause of Death,* First (Primary), Dr. father says it died of Cholera Infan-

Second (Immediate), tum. I do not know positively as I never saw the case & Dr. Price Sr. simply gave me a prescription 11 days ago. This is all I know of the case. They also say it was sick about one month.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

Eldridge C. Price M. D.
Medical Attendant.

*Place of Burial,* Laurel

*Date of Burial,* July 19 1885

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard *Address,* Office 262 Mad. Ave.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 8505 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1885 BALTIMORE MD.

*Date of Death,* July 17

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Reynolds

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 87 *Years,* —— *Months,* —— *Days,*

*Color,* White

~~Married, Single,~~ *Widow* ~~or Widower~~ {Cross out the word not required in this line.}

*Occupation* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Nearly her whole life

*Place of Death,* {Give street and Number.} Church Home, Infirmary — N. Broadway

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Bronchitis

*Duration of Last Sickness,* ——

the above information should be furnished by the Physician.

*Place of Burial,* Greenmt. Cemetery

*Date of Burial,* July 18, 1885

*Undertaker* M. A. Daugherty

*Place of Business,* 74 S. Bway

G. Glenn M. D.
Medical Attendant.

*Address,* Church Home, Infirmary N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 85052 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

# CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Tracy

*Sex,* Male ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 18 *Years,* — *Months,* — *Days,*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 34 yrs

*Place of Death,* {Give street and Number.} Church Home, Infirmary & N. Broadway

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Colitis

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 19, 1885

*Undertaker* M. A. Dwyer

*Place of Business,* 74 S. Broadway

E. Glenn M. D.
Medical Attendant.

*Address,* Church Home & Infirmary

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the ~~said city,~~ it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Respectful attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85033 *Office of Registrar of Vital Statistics.* Ward 17"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17" 188^

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Ness.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, *Years,* 3. *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 455. S" Sharp St.

*Cause of Death,* First (Primary), Cho" Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* July 18" 1885

James A. Stewart M. D.

*Undertaker,* B Hall

*Place of Business,* 52 Alt St

Medical Attendant

Comm'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Inspector

# Health Department, City of Baltimore.

Permit No. 85054 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
JUL 18 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Truman E. Vanlill

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~3 months 2~~ *Years,* ..... 3 *Months,* ..... 12 *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti, Md.

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 741 W. Lombard St, Balti, Md.

*Cause of Death,* First (Primary), Chron Infantilis

Second (Immediate),

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 18th 1880

*Undertaker,* E. F. Kramer & Son

*Place of Business,* 209 Hanover

J. H. Lilly M. D.
Medical Attendant.

*Address,* 195 W. Lombard St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85056 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

HEALTH DEPARTMENT, BALTIMORE, MD. 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dour

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and Number.} Union Protestant Infirmary

*Cause of Death,* First, (Primary,) Disease of the bladder

Second, (Immediate,) Acute Diarhea

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 19/85

*Undertaker,* Jno A. Mead & Co

*Place of Business,* 35 Park Ave

E. Fawcett M. D.,
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85056 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Baker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years.* 4 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Forrest Court

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 19th 1885

*Undertaker,* C. F. Branscombe

*Place of Business,* 207 Hanover

P. M. Grabow M. D.
Medical Attendant.

*Address,* 90 Hanover St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85054 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 18 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Nunsen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No 82 S. Paca st.

*Cause of Death,* First (Primary), Prostration

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 18 1885

*Undertaker,* B. Emy & Brother

*Place of Business,* 530 W Fayette

D. L. Baddenhorn M. D.
Medical Attendant.

*Address,* 116 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85058 *Office of Registrar of Vital Statistics,* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary P Stute

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* 1 *Months.* 16 *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 449 Baltimore St

*Cause of Death,* First (Primary), old age

Second (Immediate), debility

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 18th 1885

*Undertaker,* Wm J Tickner

*Place of Business,* 65 S Eutaw St *Address,* 76 S Paca St

J H Emmey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85059 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 18 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grace Dolan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 72 Fort ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Congestion Brain

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 19 1885

*Undertaker,* Cunningham

*Place of Business,* 263 Light

O. A. Cook M. D.
Medical Attendant.

*Address,* 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 85061 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Chase

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* 23 *Years,* 11 *Months,* *Days.*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } No 2 Wilmor court & Wilmore St

*Cause of Death* { First (Primary). Tubercular Consumption

Second (Immediate). Exhaustion

*Duration of Last Sickness,* Eight months

All the above information should be furnished by the Physician.

*Place of Burial* Sharp St Cem.

*Date of Burial,* July 19th 1885

{ *Undertaker* Wm J Gray

{ *Place of Business,* 65 M—

Holtan M. D.
Medical Attendant.

*Address,* 1058 N. Liberty St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 88041 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17. 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Love,

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days*

*Color,* colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 170 S Durham St —

*Cause of Death,* First (Primary), Tuberculosis of Tubercular

Second (Immediate), Phthisis Pulmonalis Meningitis

*Duration of Last Sickness,* Two months.

All the above information should be furnished by the Physician.

*Place of Burial,* Old Mt. E. Cem.

*Date of Burial,* July 18th 89

*Undertaker,* E. Francy

*Place of Business,* Bank & Wolfe *Address,* Belair Avenue

D. F. Mankett M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8501/2 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17 = 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Kaimelun

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ——— *Months.* ——— *Days*

*Color,* wh

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 15-61 Dushaun st

*Cause of Death,* First (Primary), ———

Second (Immediate), Dentition

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Mathews

*Date of Burial,* July 18. 1885

*Undertaker,* G Frame

*Place of Business,* Bank & Hoff

Jno A Jenings M. D.
Medical Attendant.

*Address,* Bdy & Pratt

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85763 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 16 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Bradford

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months.* *Days.*

~~Color~~, White

*Married,* ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation* Dress Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 351 Pa. Ave

*Cause of Death,* First (Primary). Carcinoma of Stomach

Second (Immediate). Exhaustion

*Duration of Last Sickness,* about 3 Mo.

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Western Cemt

*Date of Burial* July 20 1885

*Undertaker* [redacted] J. E. Wooldridge

*Place of Business,* 298 Lemmon *Address,* 1362 N. Gilmor St.

Jno. R. Quinan *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 83064 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 17 11.30 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Night

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 26 *Years,* 3 *Months,* 12 days *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} China

*Duration of Residence in the City of Baltimore,* 3 yr

*Place of Death,* {Give street and Number.} 22 Hanstead St

*Cause of Death,* First (Primary), unknown

Second (Immediate), Peritonitis Acut

*Duration of Last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathias Cemt

*Date of Burial,* July 19. 85.

A Gregg Shertzer M. D.
Medical Attendant.

*Undertaker* H. Hafemann

*Place of Business,* 63 N. Eden *Address,* 88 E Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Consulting Physians J R Andre & Wm H. Inniss.

# Health Department, City of Baltimore.

Permit No. 85065 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Weinel

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 19 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} #7 McKim St, Mening city

*Cause of Death,* First (Primary),

Second (Immediate), Coma & Convulsions

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 20th 1885

*Undertaker,* J. L. Bru Sink

*Place of Business,* 1061 W. Lay B

J. H. Robinson M. D
Medical Attendant.

Address, 25 S. Broadway Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85066 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Jobe

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single ~~Widower~~

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} E. Pikes St

*Cause of Death,* First (Primary), Cholera Infaintum

Second (Immediate), asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* July 19 1883

*Undertaker,* Herculer Row

*Place of Business,* 95 E. Pratt St

C. S. Boozl *M. D.*
Medical Attendant.

*Address,* 177 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Board of Health, City of Baltimore,

Permit No. 8067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie Matthews

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* Eight *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 33 Orchard St.

*Cause of Death,* First (Primary,) Congestion of the Brain

Second (Immediate,) Convulsions

*Duration of Last Sickness,* Twenty four hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 19th 1885

W. H. Thompson, M. D.
Medical Attendant.

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St *Address* 41 Orchard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of death, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS 12

*Permit No.* 80268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Madison Gusta Johnson

*Sex, ~~Male~~ or ~~Female~~,* {cross out the word not required in this line.}

*Age,* — 2 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 1 Boudain al.

*Cause of Death* First, (Primary,) Chol. Infant

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 1 Wk.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Peters

*Date of Burial,* July 19th 1885

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard

Frank J. Flannery M. D.
Medical Attendant.

*Address,* Cor Wilson & Pitt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

# Health Department, City of Baltimore.

Permit No. 85069 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 18th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Pensel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 93 E Biddle St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews

*Date of Burial,* July 19 1883

*Undertaker,* Henry Horek

*Place of Business,* 883 N Eutaw St *Address,* 127 Mulberry St

2d Gulf *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85070 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd Richard Christopher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 11 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 254 E. Fayette St

*Cause of Death,* First (Primary), Cerebral

Second (Immediate), Meningitis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 20th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland & Lucas

John F. [illegible] M. D.
Medical Attendant.

*Address,* S. W. Calvert & Read

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85071 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia H. Kane

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 3 Bank St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mathews Co

*Date of Burial,* July 20th

*Undertaker,* W. Seibert

*Place of Business,* 151 S. Bond St *Address,* 1. S. Exeter

F. J. Illyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85072 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Rechtenwald

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... 2 *Months,* ..... 14 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 51 S. Wolfe St.

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager's

*Date of Burial,* July 19th

*Undertaker* Randall Sipes

*Place of Business,* 41 S. Broadway

P. S. Dausch M. D.
Medical Attendant.

*Address,* 325 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

See Coroner's Report Regulations of Board

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85073 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wallis

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 1 *Years,* 1 *Months,* X *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} * 332 N. Gay St.

*Cause of Death,* First (Primary), Dentition.

Second (Immediate),

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 19 1885. H. J. Reynolds M. D.

*Undertaker,* Wm. E. Kirkton Medical Attendant.

*Place of Business,* 234 N. Gay St *Address,* 186 Aisquith St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85074 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 17/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerhart- Hagedorn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 350 Canton Avenue

*Cause of Death,* First (Primary), —

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 or 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* July 19 1885

*Undertaker,* John Herring

*Place of Business,* 382 Caton's Ave *Address* 207 S. Broadway

H. L. Bashiell Jr. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

#85075

Baltimore, July 18th 1885-

Date of Death - July 18th 1885-

Name - Gracie Grill

Sex. - Female

Age - 9 mos.

Colr. - White

Birthplace - Baltimore

Place of Death - No. 9 Gough St.

Cause of Death { 1st Primary - Exanition
2nd Imd. Cholera Infantum

Duration of Sickness Unknown

Ed. C. Britton M.D.
871 Broadway

Place of Burial. Holy Redeemer Cemetery

Date of Burial July 19 1885

Undertaker. John Heneidy
382 Orleans St.

HEALTH DEPARTMENT
JUL 1885
BALTIMORE

51 SOUTH BROADWAY.

# 85076

Baltimore, July 16th 1885.

Date of Death — July 16th 1885
Name — Benj. Lulz.
Sex — Male
Age — 7 mths
Birthplace — Baltimore —
Place of Death — 47 Hampstead St.
Cause of Death — Inanition

Dr. Billow m.d.
51 S Broadway

HEALTH DEPARTMENT JUL 17 1885 BALTIMORE.

Place of Burial. Western Cem
Date of Burial July 19 1885.
Undertaker John Herring
982 Colvens St.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85077 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alicia Mayo

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 2 *Months,* 6 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} single

*Occupation,* nil

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 19 N. Hyde St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), asthenia

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemty

*Date of Burial,* July 20 1885

*Undertaker,* Jno P Byrne

*Place of Business,* 63 Hanover St

D. Steele M. D.
Medical Attendant.

*Address,* 1432 Eden E.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 85078 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Loeffelbein

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* 11 *Months,* *Days.*

*Color,*

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and Number.} 138 S. Wolfe St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), asthenia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery.

*Date of Burial,* July 20th 1885

*Undertaker* Wm Nicolaus

*Place of Business,* 258 Alice Ann. *Address,* 258 Madison ave

Sutherland M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85079 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas H. Lee

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* about 62 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Drayman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

*Duration of Residence in the City of Baltimore,* Same time

*Place of Death,* {Give Street and Number.} 11 Howard St

*Cause of Death,* First (Primary), ....

Second (Immediate), Dropsy

*Duration of Last Sickness,* Some time

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 19 1885

*Undertaker,* S P Chase

*Place of Business,* 1 & 3 Howard St

R. G. Lee M. D.
Medical Attendant.

*Address,* Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Certificate.

# Health Department, City of Baltimore.

Permit No. 85080 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Scott

HEALTH DEPARTMENT JUL 19 1885 BALTIMORE

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days*

*Color,* colored

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

*Duration of Residence in the City of Baltimore,* 4 weeks

*Place of Death,* {Give Street and Number.} 91 South Amm street

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Phthisis

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loch steet cemetry

*Date of Burial,* July 19. 85

*Undertaker,* Samuel Chase

*Place of Business,* 125 Edward

Marie E. Sulivan M. D.
Medical Attendant.

*Address,* 256 Eastern Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 85081 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1885 BALTIMORE

*Date of Death,* July 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leopold Hoffman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* ..... *Months.* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} 480 - Penna Ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 4 - months

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* July 20

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

H. J. Houck M. D.
Medical Attendant.

*Address,* Cary & Preston

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85082 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Grunage

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* 14 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 17 3S. Dalla, St

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Inanition

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 20 1885

Wm H. Hill M. D.
Medical Attendant.

*Undertaker,* W. H. Madden

*Place of Business,* 46 East St *Address,* 196 E. Baltimore

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85083 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Alexander Emrich

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months.* 2 22 *Days*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 12 Douglas st

*Cause of Death,* First (Primary), Diarhea from impaired digest

Second (Immediate), Coma when I was called

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 19 1885

*Undertaker,* William L Jones

*Place of Business,* 62 East St

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 n Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85084 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 17. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizabeth Jenkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~ Years, 3 Months, ~~ Days

*Color,* Col

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.} ~~

*Occupation,* ~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City Md

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give Street and Number.} No 3 Chestnut St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), " Inanitio.

*Duration of Last Sickness,* About 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery. Md

*Date of Burial,* July 19th 1885

*Undertaker,* Thos C Dugan

*Place of Business,* 62 East St

Jno N Lowman M. D.
Medical Attendant.

*Address,* 238 E. Monument St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

5

# Health Department, City of Baltimore.

Permit No. 85085 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of (Molly Jefferson)

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 14 *Days*

*Color,* ud

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 52 Greenmount St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 19/85

*Undertaker,* Alex Hensley

*Place of Business,* Orchard St

James A. Stuart M. D.

~~Medical Attendant~~

*Address,* Com. of Health Physician

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Sanitary Inspector

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85086 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Milton Fowler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life residence

*Place of Death,* {Give Street and Number.} S-41 Franklin St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum.

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* July 20th 1885

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Baltimore

Louis W. Knight M. D.
Medical Attendant.

*Address,* 112 N Greene St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 85087 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} albert Froch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 7 *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 20 Spring st

*Cause of Death,* First (Primary), Gastro-intestinal inflammation

Second (Immediate), Inanition

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 19th

*Undertaker* H. C. Winkfield

*Place of Business,* Jas. Grunmount Ave *Address,* 93 [illegible]

J. Allwarne M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85088 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1885

BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Helen Eilmann

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* 9 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 914 Montgomery St.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 20th 1885

Wm Gambrill M. D.
Medical Attendant.

*Undertaker,* Ernest Schlosser

*Place of Business,* 181 Sharp St. *Address,* 670 S. Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85089 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Edwards

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~*Years,*~~ Nine *Months,* Eighteen *Days*

*Color,* Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Nine months

*Place of Death,* {Give Street and Number.} 12 New St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 20 1885

*Undertaker,* Alex Hunter

*Place of Business,* 116 Oakard *Address,* 110 N. Greene St.

F. B. Gardner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 85090 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Pines

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* ——— *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 8 months

*Place of Death,* {Give street and Number.} 12 Brewers Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate).

*Duration of Last Sickness,* 7 days

the above information should be furnished by the Physician.

*Place of Burial,* Stony Pt

*Date of Burial,* July 20th 1885

Geo C Shannon M. D.
Medical Attendant.

*Undertaker* Alex Hemsley

*Place of Business,* 116 Orchard *Address,* 167 W. Biddle St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 8509 / *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Ireland

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* ..... *Months.* ..... *Days*

*Color,* White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} 1 N. Frederick

*Cause of Death,* First (Primary), .....

Second (Immediate), Asthma

*Duration of Last Sickness,* 3 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 1885

*Undertaker,* Hughes & Spence

*Place of Business,* ..... *Address,* .....

W. P. Bales *M. D.*
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85092 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McCauley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Don't Know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters Poor

*Cause of Death,* First (Primary), Renal Dropsy

Second (Immediate), Heart failure

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem't

*Date of Burial,* July 20 1885

*Undertaker,* W. Blot Kemp

*Place of Business,* [redacted] *Address,* .....

Ino. Brock Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85093 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

6

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lee Gray

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 8 Weeks *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 139 Maryland Ave

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Bra

*Date of Burial,* July 20/85

*Undertaker,* Chas J Scriven

*Place of Business,* 211 N. Eutaw *Address,* 284 Maryland Ave

H. H. Grimes M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85094 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

74

*Date of Death,* July 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charity Bright

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* — *Months.* — *Days*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 20 1885

{*Undertaker,* A. J. Hemsley

*Place of Business,* 11 Gorsuch St

C. H. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 83095 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Henry Dunn

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ~~2~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 8 Ground St.

*Cause of Death,* First (Primary), Cerebral Hemorrhage

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cy

*Date of Burial,* July 20 1885

*Undertaker,* Joseph F Byrne

*Place of Business,* 57 N Liberty *Address,* 711 N Calvert

Geo W Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85096 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Anthony Longhirst Longhurst

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 6 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 311 N. Dallas st.

*Cause of Death,* First (Primary), ..... Attended child when a few days old for trismus nascentium has never been well since

Second (Immediate), Eclampsia

*Duration of Last Sickness,* A few moments (Child Dead when Carried)

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Comber

*Date of Burial,* July 20, 1885

*Undertaker,* Henry Hoost

*Place of Business,* 309 Central av *Address,* # 303 N Carolina st

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 8597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

7th Ward

A

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Stivers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 1 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 249 N. Ann st

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 249 N. Ann st

*Cause of Death,* First (Primary,) Convulsions

Second (Immediate,) 1 day

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 20th 1885

*Undertaker,* Chas T. Scriven

*Place of Business,* 271 N Eutaw St

Chas. B. Leigh M. D.
Medical Attendant.

*Address* 282 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Health Department, City of Baltimore.

Permit No. 85798 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 19. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacqueline Lane

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* *Months.* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} XXX

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Her life

*Place of Death,* {Give Street and Number.} S. W. Eutaw & New Sts

*Cause of Death,* First (Primary), Indigestion =

Second (Immediate), Gastritis, Suddenly –

*Duration of Last Sickness,* a few days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 20th/85

*Undertaker,* Wm Graves

*Place of Business,* 252 N Eutaw *Address,* 515 N Green St

W. F. Akens M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85099 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Morning July 19th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} infant of John McEwell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, Months, 8 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 197 Aisquith St

*Cause of Death,* First (Primary), Congenital Malformation of Heart

Second (Immediate), Apnoea Dyspnoea & Exhaustion

*Duration of Last Sickness,* From birth,

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 20th

*Undertaker,* Geo. Schilling

*Place of Business,* Aisquith & Fayette

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Chas St & Fayette Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85701 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G. Rothgaufh

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 67 *Years,* 2 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Accountant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 319 N Gay St

*Cause of Death,* First (Primary), Acute Rheumatism

Second (Immediate) Cerebral Hypostasy

*Duration of Last Sickness,* 3 or 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 21st

*Undertaker,* Geo Schilling

*Place of Business,* Oak and Lyman

M. D. Medical Attendant.

*Address,* 1 E Eager Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8576 / *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Brown

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 10 *Months,* 8 *Days*

*Color,* Col-

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* C-

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* since birth -

*Place of Death,* {Give Street and Number.} Patapsco River off Fort Hamilton Balto City

*Cause of Death,* First (Primary), -

Second (Immediate), Accidental drowning -

*Duration of Last Sickness,* C - -

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 19 18[illegible]

*Undertaker,* H Rost

*Place of Business,* 95 Conway

Sus Bell M. D.

Medical Attendant

Address, 162 Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 20 1885 BALTIMORE, MD.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

7th Ward

# CERTIFICATE OF DEATH.

a

*Date of Death,* 18th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Romanik

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* white *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* — — —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore~~ Bohemia

*Duration of Residence in the City of Baltimore,* one year

*Place of Death,* {Give street and number.} No 47 Barnes St.

*Cause of Death,* First (Primary,) cholera Infantum

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Chas Thomas J Simms md M. D.

*Date of Burial,* July 20. 85 Medical Attendant.

*Undertaker,* Frank. Gaeth & Co Address

*Place of Business,* 249. N Durham St. 249 N Bway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 85703 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Ballah

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* Nell Years, One (1) Months. Days

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Balto City Since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give Street and Number. } 16 Barnes St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsius City

*Date of Burial,* July 20/85

*Undertaker,* Frank. Crach & Co.

*Place of Business,* 249 N. Durham

Medical Attendant. M. D.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85764 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Rybach

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Six (6) Months. Days 7

*Color,* Colith

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 320 N Durham St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two (2) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphansus City

*Date of Burial,* July 20/85

*Undertaker,* Frank Leach & Co.

*Place of Business,* 249 N Durham Address, 320 N Durham St

Wm Kelso Rose M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8105 *Office of Registrar of Vital Statistics,* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. Kraft

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married,* *Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth-Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 Years

*Place of Death,* {Give Street and Number.} 268 Greenmount Ave.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 20 1885

*Undertaker,* Henry Hoen

*Place of Business,* 389 Central Ave *Address,* 93 W Preston St.

Nathan R. Gorter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 85106 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 20 1885
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard E Tanner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 11 *Months,* 13 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 160 Hudson St (Canton)

*Cause of Death,* First, (Primary,) Scarlet fever

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 20/85

*Undertaker,* Simons & Denny

*Place of Business,* 194 & Monroe *Address,* 19 & Broadway

Cyllay M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 8870 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 19th. July 1895.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Tartas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 6 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~ ✓

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Posen, Prussia, Germany

*Duration of Residence in the City of Baltimore,* 3½ years.

*Place of Death,* {Give Street and Number.} 2 Wolfe St. 23

*Cause of Death,* First (Primary), Croup

Second (Immediate),

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Stanislaus City

*Date of Burial,* July 20 95

*Undertaker,* F. Crack & Co.

*Place of Business,* 215 E Oran St *Address,* 2 Wolfe St

William Hunkel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85708 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kosak

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 60 Philpot St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens in Limit

*Date of Burial,* July 20 85

*Undertaker,* Fr Ciach & Co

*Place of Business,* 215 S Oren St. *Address,* 113 Thos Ann St.

John H Rehberger M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8509 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Forrest

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

*Duration of Residence in the City of Baltimore,* Forty two Years

*Place of Death,* {Give Street and Number.} 218 Hanover St

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate), Valvular disease of Heart

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 21st 1885

*Undertaker,* Undertaker

*Place of Business,* 263 Light

H Nelson M. D.
Medical Attendant.

*Address,* 282 Hollins St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

3
8

Permit No. 8570 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Davis

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 77 – *Years,* 5 *Months,* – *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} No 35 Jackson Square

*Cause of Death,* First (Primary), Cerebral Hemorrhage

Second (Immediate), – Paralysis –

*Duration of Last Sickness,* 48 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 20/85

*Undertaker,* Armstrong Bros

*Place of Business,* 263 Light St

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Place

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8571 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Mack

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, Months, 1 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 26 Essex St

*Cause of Death,* First (Primary),

Second (Immediate) Spasms

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cemetery

*Date of Burial,* July 20th 85

*Undertaker,* John Shuck

*Place of Business,* 266 Division *Address,*

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 8512 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 19/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mich Deitak

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 14 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bald. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 184 S Caroline St.

*Cause of Death,* First (Primary), Infantile convulsion

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* July 20

*Undertaker,* [illegible]

*Place of Business,*

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 528 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85713 — *Office of Registrar of Vital Statistics.* — Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1885

## CERTIFICATE OF DEATH.

*Date of Death,* 19 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Gote

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ... *Years,* ... 1 *Months,* ... 7 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Warren Avenue 42

*Cause of Death,* First (Primary), Summer Complaint

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* H. Infants Cem

*Date of Burial,* July 20th "

*Undertaker,* W. Hearle

*Place of Business,* 152 West

A. E. Reinhard M. D.
Medical Attendant.

*Address,* 211 N. Howard Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

**Permit No.** 85714 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mamie Bostwick

*Sex,* ~~*Male or*~~ *Female.* { Cross out the word not required in this line. }

*Age,* 12 *Years,* — *Months,* — *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ { Cross out the word not required in this line. }

~~*Occupation*~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } #49 Randall St

*Cause of Death,* First (Primary), Organic Disease of Heart

Second (Immediate). Oedema of Lungs

*Duration of Last Sickness,* Six Weeks

the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 21st

*Undertaker* B. Hark

*Place of Business,* No 82 West

Geo. H. Jenkins M. D.
Medical Attendant.

*Address,* 144 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85715 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Antone Leechner,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* ..... *Months.* ..... *Days*

*Color,* White ✓

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Driver of a Beer Wagon

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 210 Ridgley St

*Cause of Death,* First (Primary), Prostration by heat

Second (Immediate), Coup de Soleil.

*Duration of Last Sickness,* abt 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* July 26

*Undertaker,* B. Hark

*Place of Business,* 82 West St

Chas J Bell M. D.

~~Medical Attendant~~ Coroner

*Address,* 161 S Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health. City of Baltimore,

Permit No. 85716 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs George Brown. Isabella

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years.* 6 *Months,* 13-14 *Days.*

*Color,* White.

~~*Married, Single*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Greencastle - Pa. ✓

*Duration of Residence in the City of Baltimore,* 68 yrs

*Place of Death,* {Give street and Number.} #54 Cathedral St.

*Cause of Death,* First, (Primary,) Senile Prostration.

Second, (Immediate,) Diarrhoea (Heat.)

*Duration of Last Sickness,* 2-3 days.

All the above information should be furnished by the Physician.

*Place of Burial* W E Emmanuel

*Date of Burial,* July 22 - 85

*Undertaker,* Hen Gerkins Son

*Place of Business,* Park Avenue *Address,* 146 Park Ave.

Robt F Wilson M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 85117 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline E Waller

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 9 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 8 months

*Place of Death,* {Give Street and Number.} No 1 State st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 20th 1885

*Undertaker,* W H Jenkins & Son

*Place of Business,* Pearl & Saratoga sts

Wm A. Jones M. D.

~~Medical Attendant~~.

Coroner

*Address,* 326 Hollins st city.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85718 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 mos *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 12 Bond St

*Cause of Death,* First, (Primary,) Scrofula

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 20 1885

*Undertaker,* William Dunbar

*Place of Business,* 62 Eutaw

D. L. Shriner M. D.,
Medical Attendant.

*Address,* 41 N. Caroline

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 8719 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 20 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Horn

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* 2 *Days*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 69 Lawson Ay

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Consumption

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 20th 1885

*Undertaker,* Ph. J. Dill & son

*Place of Business,* 183 Columbia Address, 343 N Lon London

A. W. Colburn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85120 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 18/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Pikes

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months.* *Days*

*Color,* Brown

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt-

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 14 Gordon St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Marasmus, Heat-

*Duration of Last Sickness,* a few days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21st 1885

*Undertaker,* Mr Dr Gray

*Place of Business,* 66 Milbury Address, 114 W Monument

H Emerson M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8572 / *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Robinson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* — *Days*

*Color,* Colored

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 35 Monument St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 12 da

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21st 85

*Undertaker,* Jno. D. Gray

*Place of Business,* 630 Battery St *Address,* 335 N. Eutaw St

H. A. Knight M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8572 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1885

# CERTIFICATE OF DEATH.

C

*Date of Death,* July 18, 1885

*Full Name of Deceased,* {White legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wallace

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* ..... *Months,* ..... *Days*

*Color,*

*Married,* ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

*Occupation,* ~~Servant~~ Married

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} # 113 Raborn

*Cause of Death,* First (Primary), Dropsy associated

Second (Immediate), with heart & lung trouble

*Duration of Last Sickness,* One yr

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 21st 1885

*Undertaker,* Jno. O. Gray

*Place of Business,* 65 Baltimore St *Address,* 302 W Fayette

C M Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85123 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Brooks

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 3 *Months.* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1101 Hoth St

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia & Meningitis

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* July 21 St 1885

Theodore Cook M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross St *Address,* 141 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8572 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 20/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fenchlin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} —

*Age,* ..... *Years,* 8 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 15 Patterson Pk.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* July 21 1885

*Undertaker,* Wm. Funk

*Place of Business,* 35 Bank St.

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 52 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8574 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Ida Celena Burandt

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} [illegible]

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Spring Row No 22

*Cause of Death,* First (Primary), Spasm

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Mathias Cemet

*Date of Burial,* July 21 1885

*Undertaker,* Michael Funk

*Place of Business,* 35 Bank St

John A Schultz M. D.
Medical Attendant.

*Address,* [illegible]

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 85726

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUL 20 1885

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 18 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Rice (Preis)

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 79 *Years,* — *Months,* 2 *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* { Cross out the word not required in this line. }

*Occupation,* none (was 20 yrs)

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* { Give street and number. } 138 S. Wyoming

*Cause of Death,* First, (Primary.) old age

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 21st 85

*Undertaker,* G. Franz

*Place of Business,* Zenk & Wolf

*Address,* 245 S. Hanover

Mathieu M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85127 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherina Kroff

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Keeping House

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give Street and Number.} No 189 S. Regester St

*Cause of Death,* First (Primary), .....

Second (Immediate), Erisipelas

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cem

*Date of Burial,* July 27 1885

*Undertaker,* J. G. Francis

*Place of Business,* Bank & Wolfe *Address,* 214 S Broadway

..... M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85128 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 — 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willeans Mellens

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 9 *Months,* 6 *Days*

*Color,* White

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* School Boy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Canton Hollow (off Charles Wharf)

*Cause of Death,* First (Primary), Accidentally drowned

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cem.

*Date of Burial,* July 20th 83

*Undertaker,* G. F. Frazer

*Place of Business,* 5 Bank & Wolf Sts

C. Hall Ruth M. D.

Medical Attendant.

Address 107 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85129 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen G. Shubert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Child

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 184 N. Washington Ave

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* July 21st 85

*Undertaker,* S. France

*Place of Business,* Bank & Wolfe *Address,*

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85730 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. H. Laughlin

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 34 *Years,* 4 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 5th Mann St

*Cause of Death,* First (Primary), Bum Stroke

Second (Immediate), Dyspepsia

*Duration of Last Sickness,* 203 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* July 21st 1885

*Undertaker,* Wm. J. Tickner

*Place of Business,* 151 Eutaw St. *Address,* 125 W Fayette

J. K. Ridley M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85131 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK PREPARER JUL 20 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH. 74

*Date of Death,* July 19 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Clancing

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 62 y 7 m 28 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Kept Intelligence Office.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} St. Josephs Hospital

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem.

*Date of Burial,* July 20" 1885

*Undertaker,* Wm J Tickner

*Place of Business,* 6 & E Eutaw St *Address,* [illegible]

Geo. [illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85132 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Bucker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years* 9 *Months* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} Watson St No 15

*Cause of Death,* First (Primary), Ulceration of Throat

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 16 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* July 20 1888

*Undertaker,* W. C. Sanders Jun

*Place of Business,* 252 Gardner St

John A Schultz, M. D.
Medical Attendant.

*Address,* 2 E Pr Lough & Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 85733 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 - 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Grimes

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 32 - *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md —

*Duration of Residence in the City of Baltimore,* 32 yrs —

*Place of Death,* {Give street and Number.} 90 Battery Ave

*Cause of Death,* First, (Primary,) Valvular Disease of Heart

Second, (Immediate,) — asphyxia

*Duration of Last Sickness,* death Sudden —

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cem

*Date of Burial,* July 21 / 85

*Undertaker,* D and J Glynn

*Place of Business,* 109 West

Geo A Grimes M. D.,
Medical Attendant.

*Address,* 226 Montgomery St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertsker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, JUL 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Brown

*Sex,* Male ~~Female~~, { Cross out the word not required in this line. }

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* Dk Mulatto *Sex,*

*Married,* ~~Single, Widow, Widower~~, { Cross out the words not required in this line. }

*Occupation,* Waiter

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Five Years

*Place of Death,* { Give street and number. } Baltimore City Jail

*Cause of Death,* { First (Primary,) Diarrhoea / Second (Immediate.) }

*Duration of Last Sickness,* 29 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetery

*Date of Burial,* July 20/85

*Undertaker,* Geo. Ruikart

*Place of Business,* Forest Place

C. P. Hoffman M. D.
Medical Attendant.

*Address* 279 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Health Department, City of Baltimore.

Permit No. 85135 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18—1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Cary

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 76 *Years,* — *Months,* — *Days*

*Color,* Wht.

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} No. 1 Belvidere St.

*Cause of Death,* First (Primary), Sunstroke

Second (Immediate), —

*Duration of Last Sickness,* About 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pcab Cemetery

*Date of Burial,* July 20/85

*Undertaker,* Geo. Reichart

*Place of Business,* Forest Place

Alexander Hill, M. D.
Medical Attendant.

*Address* Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 85736 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Dorothea Conrad

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* 8 *Months,* 6 *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} V

~~*Occupation*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} 410 Clement Pl

*Cause of Death,* First (Primary), Bilious Diarrhea

Second (Immediate). Exhaustion

*Duration of Last Sickness,* 3 Weeks

the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* July 20th 1885

*Undertaker* C. P. Krauss & Son

*Place of Business,* 209 Hanover

Geo. W. Dawson M. D.
Medical Attendant.

*Address,* 1644 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8573 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Addie Bryson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3y *Years,* —— *Months,* —— *Days* ✓

*Color,* Black

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Kent County

*Duration of Residence in the City of Baltimore,* 10 days

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Parenchymatous nephritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub County

*Date of Burial,* July 19 /85

*Undertaker,* [illegible]

*Place of Business,* 129 Fremont Ave

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...spectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85138 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Green

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 13 Months, Days

*Color,* Blk

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 13 Months

*Place of Death,* {Give Street and Number.} 107 S. Caroline St.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* July 20, 1885

*Undertaker,* Wm E. Grace

*Place of Business,* 142 South Caroline St

L. D. Hoffman M. D.
Medical Attendant.

*Address* 346 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85139 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelias Allen

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Twenty-four *Years,* ——— *Months,* ——— *Days*

*Color,* Brown

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Mississippi

*Duration of Residence in the City of Baltimore,* Six years

*Place of Death,* {Give Street and Number.} No. 136 Orchard St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21 1885

*Undertaker,* Margaret Pye

*Place of Business,* 160 J. Mulberry St

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85740 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anise P. Crew

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 43 Low St

*Cause of Death,* First (Primary), Suppression of Urine

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent

*Date of Burial,* July 26 1885

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Pine

James A Stuart M. D.

~~Medical Attendant~~

Address, Com of Health Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Emanuel Weinman

No. 85141

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 85141 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Howell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* 4 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Savannah Ga

*Duration of Residence in the City of Baltimore,* Over 20 yrs

*Place of Death,* {Give Street and Number.} 438 Fulton Ave

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), Dropsy

*Duration of Last Sickness,* About 1 yr

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 20

*Undertaker,* B. W. Blizzard

*Place of Business,* 201 Pen

Chas E. Carter M. D.
Medical Attendant.

*Address,* 567 Druid Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85142 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Baumgarten,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Lifetime,

*Place of Death,* {Street and Number.} 193 E Balto St,

*Cause of Death,* First (Primary), Diphtheritic Laryngitis,

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Belair Mr Ceme

*Date of Burial,* July 20 1885

*Undertaker,* Wm H Evans

*Place of Business* Bayo & Valley Sts

Faehnrichs M. D.
Medical Attendant.

*Address,* 138 N Eutaw St

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85743 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Edward Willmore

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* Eight *Months,* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 12 E. Hoffman St. near Gay St.

*Cause of Death,* First (Primary), Cholela Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 20 1885

E. B. Fenby, M. D.
Medical Attendant.

*Undertaker,* William Dinges

*Place of Business.* 62 East St *Address,* 283 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85144

The Physicinn who nttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885-

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ahrula Kaufman

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* Black *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} King & Queen Co Va

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} 45 Pariah St

*Cause of Death,* First (Primary,) Malarial Fever

Second (Immediate,) Cerebral Congestion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shepherd Cemetery,

*Date of Burial,* July 20 1885-

*Undertaker,* Wm Conway

*Place of Business,* 62 East St

Wm T Harlan M. D.
Medical Attendant.

*Address* 204 N Belnont

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or [illegible] superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full p[illegible] or single) of the person

# Health Department, City of Baltimore.

Permit No. 85745 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 7/18/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Jane Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* 5 *Months,* 14 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since 1st

*Place of Death,* {Give Street and Number.} [redacted] Linn St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharps St Cemetery

*Date of Burial,* July 20 1885

*Undertaker,* William Monroe

*Place of Business,* 62 East St

L. Latimer M. D.
Medical Attendant.

*Address,* 461 Lemmon

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85146 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Anderson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months. 10 Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italio

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 121 Vincent Alley

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* 4 or 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shaffer's Cemetery

*Date of Burial,* July 20 1885

*Undertaker,* William Long

*Place of Business,* 62 East St

Mich Warren M. D.
Medical Attendant.

*Address,* 280 W Lee

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Certificate

# Board of Health, City of Baltimore.

## Office of Registrar of Vital Statistics. Ward 19

Permit No. 85147

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 16. 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mame L. Courtis Curtis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, Five Months, Days,

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth ✓

*Place of Death,* {Give street and Number.} 9 Vincent St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpest cemetery

*Date of Burial,* Sept 20 1883

*Undertaker* Williams & Dorsey

*Place of Business,* 624 E. 8st

J. E. Urquhart M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [OVER] of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85648 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Grey

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 27 Payson pl

*Cause of Death,* First (Primary), Cholera Infantum & Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 20

*Undertaker,* J B Pook

*Place of Business,* 717 W Baltimore

James Bailey M. D.
Medical Attendant.

*Address,* 319 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85149 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 — '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Reed

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months.* ✓ *Days*

*Color,* W

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Stonecutter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Isle of Man

*Duration of Residence in the City of Baltimore,* 10 Months

*Place of Death,* {Give Street and Number.} 132 Conway St.

*Cause of Death,* First (Primary),

Second (Immediate), Sunstroke

*Duration of Last Sickness,* One hour

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* July 21 1885

*Undertaker,* Jno B Lobb

*Place of Business,* 1707 W Baltimore St. *Address,* 359 Barre St.

J Tyler Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85150 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. F. Neudtmark

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 5 mos

*Place of Death,* {Give Street and Number.} 307 Franklin St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Wasting

*Duration of Last Sickness,* 10 ds

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Park Cemetery

*Date of Burial,* July 21 85

*Undertaker,* Andrew Rohde

*Place of Business,* 43 Penna Ave

W. E. King 2d M. D.
Medical Attendant.

Address, 335 N. Eutaw St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8515 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* Probably 1/2 *Days*

*Color,* Wht.

*Married,* ~~Single,~~ *Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md, very likely

*Duration of Residence in the City of Baltimore,* One hour

*Place of Death,* {Give Street and Number.} Md. Ave near Oliver under a tree

*Cause of Death,* First (Primary), —

Second (Immediate), Spasms.

*Duration of Last Sickness,* 1/2 — one hour.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemet

*Date of Burial,* July 20 '85

*Undertaker,* Geo Rinehart

*Place of Business,* Forest Place

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

Found dead by Mrs. Caldwell in a field under a tree and died in a few minutes. Mrs. Doyle was also present. Mrs. Doyle lives in a tenement house on Oliver St. [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

OAK SAFETY ▲ FILM

# Board of Health, City of Baltimore,

Permit No. 85752

*Office of Registrar of Vital Statistics.*

5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUL 20 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ramsey.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

*Age,* 41 *Years,* 11 *Months,* 6 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married.

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} N: 283 E. Monument St.

*Cause of Death,* First, (Primary.) Schirus of the Mammary Gland & Carcino
ma of the Spinal cord, with Paraplysis of Mot
Second, (Immediate.) ~~Lower Extremities~~ Mode of death Asthenia

*Duration of Last Sickness,* 1 1/2 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* July 21. 85

*Undertaker,* Wm. S. Fry

*Place of Business,* 81 N. Broadway *Address,* 237 Carrollton Ave.

Jno. F. Powell M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KOD

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85753 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 20 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 20, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver A Lisle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 19 S Parrish St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* July 21st 1885

*Undertaker,* Jno B Cook

*Place of Business,* 1707 W Baltimore

James Bailey M. D.
Medical Attendant.

*Address,* 319 Hollins St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 85754 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 20th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence E. Wilson

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 9 *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} #10 Pitcher St

*Cause of death,* First, (Primary,) Burns —

Second, (Immediate,)

*Duration of Last Sickness,* 18 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* July 21st 1885

*Undertaker,* Jos Leach

*Place of Business,* No 707 W. Baltimore St

Geo Keyser M. D.,
Medical Attendant.

*Address,* 1 Waverly Terrace

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 85763 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 21 1885,

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Behrends

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months,* 7 *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~.* {Cross out the word not required in this line.}

*Occupation* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ~

*Place of Death,* {Give street and Number.} 44 S Ann St

*Cause of Death,* First (Primary), ——

Second (Immediate). Premature Birth

*Duration of Last Sickness,* ~

All the above Info. matter should be furnished by the Physician.

*Place of Burial,* Eden St. Cem. Cemetery. Philada Road

*Date of Burial,* July 21

*Undertaker* Wm Eilau

*Place of Business,* Gough St

Shepherd M. D.
Medical Attendant.

Address, 882 Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85156 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Rohleder

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* 2 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Home Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore.* 21 Years

*Place of Death,* {Give Street and Number.} 26 Kennedy St

*Cause of Death,* First (Primary), Confine mania

Second (Immediate), Oedeome by the Heat

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 21st 1885

*Undertaker,* C. P. Francksen

*Place of Business,* 209 Hanover. *Address,* 46 Hanover St

Howard Cook M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85757 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Pfeifer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 29 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} Married

*Occupation,* Milk Man

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 821 N Amity St

*Cause of Death,* First (Primary), Sun Stroke

Second (Immediate),

*Duration of Last Sickness,* One hour and a half

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 22 1885 D. McCathell M. D.

Medical Attendant.

*Undertaker,* John Heneage

*Place of Business,* 382 Orleans St *Address* 2 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85758 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie C Boswell

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 5 *Months,* ——— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 65 Grindall St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), " 4

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 22/1885

*Undertaker,* Chas Kellum

*Place of Business,* 263 Light

Thos Opie, M. D.
Medical Attendant.

*Address,* 179 N. Howard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85159 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 20/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna McWilliams

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 60 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 48 Years

*Place of Death,* {Give Street and Number.} 477 St. Mount

*Cause of Death,* First (Primary), Cholera, Morbus

Second (Immediate), ———

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* July 21st 1885

G. W. Storrs M. D.
Medical Attendant.

*Undertaker,* Martin Fahey

*Place of Business,* 126 & 128 Townsend *Address,* 173 Pulaski

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 21 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 20. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helmerich Friedrich Meyer.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 1 8 *Years,* 9 *Months,* 2 1 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk -

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore -

*Duration of Residence in the City of Baltimore,* 18 yrs -

*Place of Death,* {Give street and number} #16 W. North Ave.

*Cause of Death,* First, (Primary,) Erysipelas & Lymphadenitis resulting in peritonitis and septi-

Second, (Immediate,) Cachexia.

*Duration of last Sickness,* 26 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 22d 1885

James F Bruns M. D.
Medical Attendant.

*Undertaker,* H. Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 63 John St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Health Department, City of Baltimore.

Permit No. 85761 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Nash.

*Sex, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days*

*Color,* white

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~;* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 504. E. Chase

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 22 85.

*Undertaker,* Wm S Fry

*Place of Business,* 17 W Lexington *Address,* 137 Orleans St

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83762 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Blanche Gilbert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life time

*Place of Death,* {Give Street and Number.} 159 Townsend St

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* July 21st 1885.

*Undertaker,* Martin Fraley

*Place of Business,* 126 & 128 Townsend St *Address,*

L. Rickert M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85163 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juan E. Bier (Parents Chas O.)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months.* 5 Mon ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 117 Shaft

*Cause of Death,* First (Primary),

Second (Immediate), Premature Birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 21

*Undertaker,* Chas L Bier

*Place of Business,*

Theodore Cotta M. D.
Medical Attendant.

*Address,* 116 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 8576 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} None, Father Nam John Krauss

*Sex, Male or Female,* {Cross out the word not required in this line.} Female Parent L Louisa Krauss

*Age,* ~~Years,~~ ~~Months,~~ 3 hours ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 342 Orleans St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 342 Orleans St

*Cause of Death,* First (Primary),

Second (Immediate) Premature Birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Pall's Cemetery

*Date of Burial,* July 21 2 P.M. by Applegate M. D.

Medical Attendant.

*Undertaker* M. Dorsey

*Place of Business,* Orleans St *Address,* 342 Orleans St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85765 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPT. JUL 21 1885

## CERTIFICATE OF DEATH.

*Date of Death,* 20th July 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William D. Feckert

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 354 Hamburg st.

*Cause of Death,* First (Primary), Rubeola

Second (Immediate), Prostration

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 22 d 1885

C. L. Bubleboh M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* 66 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85166 *Office of Registrar of Vital Statistics.* Ward 14.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Sill

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 73 S Paca st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 22, 1885

*Undertaker,* John S. Saulsbury

*Place of Business* #6 E Fred. Ave *Address,* 319 Hollins ave

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to Rule 6 of Directions on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86767 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 21. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C Reinhardt

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt & Md.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 962 W Pratt St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), .....

*Duration of Last Sickness,* ~~4~~ 15 days

All the above Information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* July 21 1885

*Undertaker,* John P. Paulus

*Place of Business,* #68 Third Ave

James Bailey M. D.
Medical Attendant.

*Address,* 319 Hollins ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83168 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Wilbur F. Beach

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* *Years,* 3 *Months,* 14 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 185 N. Gay St.

*Cause of Death,* First (Primary), Enteritis

Second (Immediate),

*Duration of Last Sickness,* 6 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 21. 1885

*Undertaker,* Wm Backhaus Jr

*Place of Business,* 132 N. High St

H. J. Reynolds M. D.
Medical Attendant.

*Address,* 186 Aliquippa St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...respectively printed on the reverse side, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85769 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barney Jenkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 4 *Months.* ... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give Street and Number.} 152 Mark St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial* July 22 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Con Bay st

G. L. Boone M. D.
Medical Attendant.

*Address,* 211 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physician to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85170 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Martin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 3 Peach Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21 1885

*Undertaker,* Herculean Assn

*Place of Business,* 95 Eas Bay st

A. E. Boyle M. D.
Medical Attendant.

*Address,* 210 S Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 85171

*Office of Registrar of Vital Statistics.*

3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* 20. July 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bümmelmann.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* 3 *Days.*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give street and number.} 30. N. Wolf str.

*Cause of Death,* First, (Primary.) dentitio difficilis

Second, (Immediate.) Inflam. cerebri; spasmi.

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* 21

*Undertaker,* W. Dilger,

*Place of Business,*

Rob. Smith M.D.,
Medical Attendant.

*Address,* 121 N Broadway

HEALTH DEPARTMENT JUL 21 1885 BALTIMORE

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85172 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1905 BALTIMORE

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Purzer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 38 S. Castle Street

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* Few days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Clement's

*Date of Burial,* July 24

*Undertaker,* W Siegel

*Place of Business,* Address, 447 S. Paca Street

James F. Shaw M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85173 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 24th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie B. Fuller

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 15 *Years,* — *Months.* — *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 87 S. Christian St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* July 22nd 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway Address, 375 E. Baltimore St.

E. P. Sine M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85174 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 95

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Brown

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* ..... *Months.* ..... *Days*

*Color,* colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} 177 Rhabong Alley

*Cause of Death,* First (Primary), confinement-

Second (Immediate), Post Partem hemorrhage

*Duration of Last Sickness,* about 18 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21 1895

*Undertaker,* William A. Engel

*Place of Business,* 62 East St

Wm A. Johns M.D.

~~Medical Attendant.~~ Coroner

*Address,* 326 Hanover-

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85775 *Office of Registrar of Vital Statistics.* Ward 5½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 18th July 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Moore

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 610 Shut st

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 13 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21 1883

*Undertaker,* Wilkins & Purgee

*Place of Business,* 62 East st

L. W. Cook M. D.
Medical Attendant.

*Address,* 137 Orleans st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85776 *Office of Registrar of Vital Statistics.* Ward 8 Y

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hackett

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} F

*Age,* 70 *Years,* — *Months,* — *Days*

*Color,* Black

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} W

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md.

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give Street and Number.} 10 Grove St

*Cause of Death,* First (Primary),

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21 1886

*Undertaker,* William L Dungee

*Place of Business,* 62 East St

Silas N. Hunter M. D.
Medical Attendant.

*Address,* 36 Fremont Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85777 *Office of Registrar of Vital Statistics.* Ward 14"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} W H Hudson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* ~~~ *Months,* ~~~ *Days*

*Color,* Colored

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Driver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 18 yrs

*Place of Death,* {Give Street and Number.} 65 Carlton St

*Cause of Death,* First (Primary), Sun Stroke

Second (Immediate), Debility

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemt

*Date of Burial,* July 21 85

*Undertaker,* Wm N Dungee

*Place of Business,*

James A. Stewart M. D.

*Address,* Com. Health Register

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. E. Roberts Sanit. Inspector

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85178 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Schmidt

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 13 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 37 S. Caroline St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 21st 1885

*Undertaker,* Fred Goode

*Place of Business,* 27 S. Caroline *Address,* 50 Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85179 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pierce

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Don't Know

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Don't Know

*Duration of Residence in the City of Baltimore,* Don't Know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters

*Cause of Death,* First (Primary), .....

Second (Immediate), Paralysis

*Duration of Last Sickness,* Week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross.

*Date of Burial,* July 21/85

*Undertaker,* Wm. Blokamp

*Place of Business,* E. Lombard

Jno. Brook Boyle M. D.
Medical Attendant.

*Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85780 *Office of Registrar of Vital Statistics.* Ward 10 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 - 85 - 6 PM

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Price

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

*Age,* 6 Yrs 6 Mos *Years,* ~~*Months,*~~ *Days*

*Color,* Yellow

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} # 5 Jules Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shays St Cemetery.

*Date of Burial,* July 21, 1885.

*Undertaker,* John H. Owens Jr.

*Place of Business,* #172 Read St.

John B Sanders M. D.
Medical Attendant.

*Address,* 102 N Eden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85-181 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucie Dorsey

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 3 *Months,* ~~—~~ *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 134 Tyson St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* July 21/1885

*Undertaker,* John H. Owens

*Place of Business,* 172 Read St *Address,* Com. of Health Register

James A. Stuart M. D.

~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. E. Roberts Sanit. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85782 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. Watkins

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* 10 *Months,* 2 *Days*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cloakmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York City

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give Street and Number.} 170 S. Sharp St.

*Cause of Death,* First (Primary), Phthisis Pulmon.

Second (Immediate), Asthenia

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. County

*Date of Burial,* July 21 85

*Undertaker,* F. N. Hull

*Place of Business,* 131 Hanover

Wm Gomhel M. D.
Medical Attendant.

*Address,* 170 S. Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85783 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday July 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dinah Hicks

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* 3 *Months,* 3 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 3 mos. 3 days.

*Place of Death,* {Give Street and Number.} 111 Welcome Alley.

*Cause of Death,* First (Primary), .....

Second (Immediate), Diarrhoea. Marasmus

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pub. Cemetery

*Date of Burial,* July 22 '85

*Undertaker,* Fred'k Kerchner

*Place of Business,* .....

Wm P Cohen M. D.
Medical Attendant.

*Address,* University of Md

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 85184 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *personally filled up*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 19th. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Hall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* 4 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* All of life.

*Place of Death,* {Give street and Number.} 63 Laurens

*Cause of Death,* First (Primary), Enteritis

Second (Immediate), Convulsions

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 21st 1885

*Undertaker* H. A. Dauer

*Place of Business,* 74 S. Bway

J. H. Christian M. D.
Medical Attendant.

*Address,* 506 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86786 — *Office of Registrar of Vital Statistics.* — Ward (3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Rychaska

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 354 S Caroline St

*Cause of Death,* {First (Primary),

{Second (Immediate), Spasms

*Duration of Last Sickness,* 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 22th 1885

*Undertaker,* H Leach Neo

*Place of Business,*

James A Stuart M. D.

Medical Inspector,

Address, Cor St Paul & Eager Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible] of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85186 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 21 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick O'Connor

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md City

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give Street and Number.} No 1214 S Charles St

*Cause of Death,* First (Primary), .....

Second (Immediate), Premature Birth

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* July 22st 1885

*Undertaker,* J. J. France

*Place of Business,* Park Ave. *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85187 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 21 1885

BOARD OF HEALTH BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Adolph

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* 3 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 46 Years

*Place of Death,* {Give Street and Number.} 117 S. Chapelle St

*Cause of Death,* First (Primary), Typho Malarial fever, Complicated

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Evangelical

*Date of Burial,* July 22d 85

*Undertaker,* Wm Sander & Son

*Place of Business,* 152 Conlon Ave *Address,* 611 N. Calvert St

Geo Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore, 19

Permit No. 85788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 85.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamen Lee

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* ——— *Years,* ——— 7 — *Months,* ——— *Days.*

*Color,* Colored —

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 11 Whatcoat St.

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Asthenia —

*Duration of last Sickness,* Sickly during entire life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21 1885 —

*Undertaker,* S W Chase

*Place of Business,* 198 Howard St

J. J. King — M. D.
Medical Attendant.

*Address,* 215 N. Carrollton Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Health Department, City of Baltimore.

Permit No. 85789 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Dudley

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Alexandria Virginia

*Duration of Residence in the City of Baltimore,* 2 y Months

*Place of Death,* {Give Street and Number.} No 62 Jefferson

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem'y

*Date of Burial,* July 21

Wm L. Russell M. D.
Medical Attendant.

*Undertaker,* Charles D. Buttler

*Place of Business,* 32 Carlisle St *Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

1

# Health Department, City of Baltimore.

Permit No. 85790 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 21 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. McCartney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 16 Addison alley

*Cause of Death,* First (Primary), Overcome by the heat

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* July 22/83

*Undertaker,* J. B. Cobb

*Place of Business,* 707 W. Balto St. *Address,* 326 Hollins st.

Wm A. Jones M. D.

Coroner ~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8519 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 21 1885

## CERTIFICATE OF DEATH. B

*Date of Death,* July 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rigg

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* Years, Months, 12 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 37 S. Monroe St

*Cause of Death,* First (Primary),

Second (Immediate), Tetanus Traumaticus

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* July 21/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St

J. C. Burch M. D.
Medical Attendant.

*Address,* 151 Hanover St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85794 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 21 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Le Compt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Nichols Co Va

*Duration of Residence in the City of Baltimore,* 9 mos

*Place of Death,* {Give Street and Number.} 45 S Eutaw

*Cause of Death,* First (Primary),

Second (Immediate), Chronic Diarrhoea

*Duration of Last Sickness,* Nine(9) months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 22nd 1885

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Baltimore *Address,*

A L Smith M. D.
Medical Attendant.

J W Cook

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85793 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1885

*Date of Death,* July 20 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Schofield

*Sex, Male or Female,* {Cross out the word not required in this line.} Male Schofield

*Age,* 64 *Years,* ——— *Months,* ——— *Days,*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Watch Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* ~~46~~ 35 Years

*Place of Death,* {Give street and Number.} 634 W Balls

*Cause of Death,* ~~First, (Primary,)~~ Apoplexy

Second, (Immediate,) Cerebral

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* 23rd July

*Undertaker,* J. B. Cook

*Place of Business,* 707 Park

Wm E Coleman M. D.,
Medical Attendant.

*Address,* 34 Hughes

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85794 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 22 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 20, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Wise

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 27 Fred ave

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 22/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 319 Hollins St

James Beck *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85795 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 19 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* ..... *Months.* ..... *Days*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 36 Richmond Avenue

*Cause of Death,* First (Primary), Reported 10 days Diarrhoea

Second (Immediate), dysentery —

*Duration of Last Sickness,* Only seen once when Sprechler first called

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 22nd 1885

C Bluntzer M. D.
Medical Attendant.

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard *Address,* 590 Hudson

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85796 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Potter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Three Months, Fourteen Days

*Color,* White

*Married, ~~Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 86 E. Caroline St.

*Cause of Death,* First (Primary),

Second (Immediate), Chronic Infantum

*Duration of Last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 23 1885 Wm H Clendinen, M. D.

*Undertaker,* John Herring. Medical Attendant.

*Place of Business,* 382 Adams St *Address,* No. 102 N. Broadway

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85797 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 - -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H. Holcomb

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* 4 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~S. C. Co. Va. Virginia~~ Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} S. E. Cor Bay & Fairmount, Barber shop.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 or 3 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* July 23th 1885 Jas. B. Rigney M. D.

Medical Attendant.

*Undertaker,* Dh. J. Williamson

*Place of Business,* 183 Columbia Address, 171 N Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore, (19

Permit No. 85198

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20-85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Stubal

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* 13 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 39 Stockton al -

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) —

*Duration of last Sickness,* 3 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Louisville Ky

*Date of Burial,* 22nd July.

J - J - King M. D.
Medical Attendant.

*Undertaker,* Geo Winkler

*Place of Business,* 309 N. Pat

*Address,* 215 N. Carrollton a

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85799 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Houghan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} 19 N. Front

*Cause of Death,* First (Primary), Fatty Degeneration of Heart

Second (Immediate), Syncope

*Duration of Last Sickness,* 36 Hours [redacted]

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* July 22 1885

*Undertaker,* James P. Bayne

*Place of Business,* 63 N. Front St.

Louis Lindsey M. D.
Medical Attendant.

*Address,* 721 N. Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85200 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 20/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Horigan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 19 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 170 Columbia Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Tubercular Meningitis

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonni Brea

*Date of Burial,* July 23rd

*Undertaker,* John J Cowan

*Place of Business,* 89 Pohirsit

Geo W Blake M. D.
Medical Attendant.

*Address,* 10 E Lanvale

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85201 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 22 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Charles Stride

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 10 *Days*

*Color,* white

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Belair Ave. Opp. Baumgardt's Brewery

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} Belair Ave - Opp Baumgardt's Brewery

*Cause of Death,* First (Primary), Indigestion & Dentition.

Second (Immediate), Acute Meningitis

*Duration of Last Sickness,* Five days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore city

*Date of Burial,* July 23rd 1885

*Undertaker,* H. C. Stender & Son

*Place of Business,* 232 Caroline St *Address,* Belair Avenue

D. F. Martenet M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 82202 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 22 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Hennessy

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 131 S Forrest St

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), Marasmus

*Duration of Last Sickness,* Three (3) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 22

*Undertaker,* F Brach & Co

*Place of Business,* 249 N. Durham *Address,*

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

85203

dtuby

George Kinsmine,

Male

aged- 14 months

White

Balto city

duration in city- life

289 West Pratt St.

Cholera Infantum

sick- 4 8 hours

J H Cumming MD

Please sign this certificate

& sign my name -

See following certificate

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85203 *Office of Registrar of Vital Statistics.* Ward 18

The Physician ... to the Undertaker requested so to ... the penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Krugmore

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* ——— *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 289 W. Pratt St

*Cause of Death,* First (Primary), Cholera

Second (Immediate), Infantum

*Duration of Last Sickness,* 48 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 24 85

*Undertaker,* John S. Thacher

*Place of Business,* ———

James A. Stewart M. D.

~~Medical Examiner~~.

Address, Com. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85204 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hopkins

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* — *Months.* — *Days*

*Color,* Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 35 yrs.

*Place of Death,* {Give Street and Number.} No. 7 N. Duncan Alley

*Cause of Death,* First (Primary), Inflamatory Rheumaticism.

Second (Immediate), Insufficiency of the mitral valves causing dilitation & paralysis from over-accumulation of blood.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 22 - 1885

*Undertaker,* Rob Mudden

*Place of Business,* 46 East St

Alexander Hill M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85205 *Office of Registrar of Vital Statistics.* Ward 81

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Croghan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* —— *Months,* 14 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 25 Getz Ave

*Cause of Death,* First (Primary), Intestinal Convulsions

Second (Immediate), Manifestation

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 22d Dr. Frank Bayle M. D.

*Undertaker,* H. A. Windefeld Medical Attendant

*Place of Business,* 70 Greenmt Ave Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85206 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 22 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 20 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 10 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 57 Aisquith St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 22/85

*Undertaker,* John McLane

*Place of Business,* 5 Mott St

L. J. Cook, M. D.
Medical Attendant.

*Address,* 137 Eden E

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85207 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 22 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 "85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Reed, Lafferty

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} #148 E Madison St.

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Ballo Cemetery

*Date of Burial,* July 22 85

*Undertaker,* H Hobrock

*Place of Business,*

James A Stewart M.D.

*Address,* Com. of Health Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Ehlers

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Jas V. Fitzpatrick Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 85208 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Parr

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months.* 18 Days *Days*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 320 N. Howard St

*Cause of Death,* First (Primary), Puerpera Hemorrhagia

Second (Immediate), —

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Loley Redemer

*Date of Burial,* July 22d

*Undertaker,* J Henry Hoeche

*Place of Business,* 209 Centre St

Howard M. D.
Medical Attendant.

Address, 1 E Cay St Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

**Permit No.** 85209 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 22 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 22. 1885.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Grace B. Ford

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* —— *Years,* —— *Months,* 7 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore, City

*Duration of Residence in the City of Baltimore,* 7 days

*Place of Death.* { Give street and Number. } 454 W. Fremont

*Cause of Death,* First (Primary). Enteritis

Second (Immediate). Convulsions

*Duration of Last Sickness,* 12 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 22d/85 H. Christian M. D.

Medical Attendant.

*Undertaker* J. E. Longacre

*Place of Business,* 298 Penna Ave *Address,* 576 Mad. Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85210 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1885 7. P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes. Schrufer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 3 *Months,* *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 24. Constitution St.

*Duration of Residence in the City of Baltimore,* All is Life.

*Place of Death,* {Give Street and Number.} 211 N. Front St.

*Cause of Death,* First (Primary), Petussis.

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Center

*Date of Burial,* July 22, 1885

*Undertaker,* Henry Roesh

*Place of Business,* 309 W Lemmod ual *Address,* City Hospital

Joseph B. Saunders M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85211 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 22 1885

Bar C

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 (22) 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Honora Curran

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* ..... *Years,* 13 *Months,* ..... *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 6 Hunter's al

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemet

*Date of Burial,* July 24 1885

*Undertaker,* John F Andrews

*Place of Business,* No 6 Druid Hill Ave

J E Atkinson M. D.
Medical Attendant.

*Address,* 19 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85212 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

## CERTIFICATE OF DEATH.

BALTIMORE HEALTH DEPT. JUL 22 1885

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Palmer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Twenty-six *Years,* ——— *Months,* ——— *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Convict

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* unknown

*Place of Death,* {Give street and Number.} Maryland Penitentiary

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) "

*Duration of Last Sickness,* unknown. Was admitted to Prison Dec. 5th 1884.

All the above Information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemet

*Date of Burial,* July 22/85

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Place

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in [illegible] illegitimate children [illegible]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85213 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 21, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie L McNabb

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 881 W Pratt St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* July 23 cd 1885

*Undertaker,* Jos A Cook

*Place of Business,* 1107 W Balt St

James Bosley M. D.
Medical Attendant.

*Address,* 319 N Gallow ay

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85214 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hanrahan

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 81 E. Fayette St

*Cause of Death,* First (Primary), Typhoid - Malarial fever.

Second (Immediate), Exhaustion & heat.

*Duration of Last Sickness,* 9 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* July 23 1885

*Undertaker,* Geo T Evans & Co

*Place of Business,* Eager & Valley St *Address,* 5 & 11 Aisquith

Edward P. McDevitt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85215 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DUE 22 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sabra Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 81 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Massachusetts

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give Street and Number.} 130 Townsend St

*Cause of Death,* First (Primary), Age

Second (Immediate), Infirmity

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Boston Mass

*Date of Burial,* July 24th

Geo. Cook Bayly M. D.

Medical Attendant.

*Undertaker,* Bonny & Mitchell

*Place of Business,* 6 & 8 Broadway *Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall [illegible] the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3815 Transit

# Health Department, City of Baltimore.

Permit No. 85216 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Clark

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* House work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hanford County Va

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give Street and Number.} 112 Stirling St

*Cause of Death,* First (Primary), Cancer of Uterus

Second (Immediate),

*Duration of Last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetery

*Date of Burial,* July 22" 85 Wm. Le. Russell M. D.

Medical Attendant.

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Place *Address,* 238 N Broadway

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85217 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Amelia Gabler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 10 Months, 2 Days

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 23 East Balto St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* about 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 23 1885

Charles H. Morfit M. D.
Medical Attendant.

*Undertaker,* John Hennessy

*Place of Business,* 382 Aliceanna *Address,* 67 E. Balto St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85218 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Marshall

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* 2 *Months.* 3 *Days*

*Color,* white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Dressmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 34 years.

*Place of Death,* {Give Street and Number.} 310 E. Preston St.

*Cause of Death,* First (Primary),

Second (Immediate), Stomach

*Duration of Last Sickness,* about 18 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 23d

*Undertaker,* Geo. Schilling

*Place of Business,* Holland Square Address, 95 Park Ave.

A. K. Erich M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 85219. *Office of Registrar of Vital Statistics.* Ward 8½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 20th. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Clarence Gebhard.

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 26 *Years,* and ~~*Months*~~, 2 *Days,*

*Color,* White Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation* Expressman,

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No. 153 Hartford Ave.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 22nd

*Undertaker* Geo. Schilling

*Place of Business,* Ashland & Lynn

J. Whitridge M. D.
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

SAFETY ▲ FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8220 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 22 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Washington

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 54. Lancers Alley.

*Cause of Death,* First (Primary), Chs" Infantile

Second (Immediate), .....

*Duration of Last Sickness,* 3. Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Stark St. Cem

*Date of Burial,* July 22 1885

*Undertaker,* H Ross

*Place of Business,* .....

James A. Stuart M. D.

~~Medical Attendant~~ Comm" of Health

*Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Mudany Inspector

KODAK SAF

# Health Department, City of Baltimore.

Permit No. 8522 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 22 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 21st, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Effie Shneltner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Sixty *Years,* — *Months.* — *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Twenty Five Years

*Place of Death,* {Give Street and Number.} No 450 East Monument Street Extend

*Cause of Death,* First (Primary), Cancer of the Womb

Second (Immediate), Prostration, Hemorrhage

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 23rd 85

*Undertaker,* C. France

*Place of Business,* Bank & Wolfe Sts *Address,* 102 Broadway

Wm. H. Chatham, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 85224 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 22 1885 REGISTRAR'S OFFICE

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Williams

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 11 McShort st

*Cause of Death,* First (Primary),

Second (Immediate), Cholera-Infantum

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 22nd 1885

*Undertaker,* Wm N Dungee

*Place of Business,* East st

James A. Stewart M. D.

~~Medical Examiner~~

*Address,* Com. of Health Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 85223 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 22d July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Hays

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 7 Months, 28 Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nothing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 4 av. West St

*Cause of Death,* First (Primary), Tubercular = Meningitis

Second (Immediate), Exchaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 22 1885

*Undertaker,* Hercules Ross

*Place of Business,* 75 Cow Wayst Address, 146 Hill St

L. D. Logan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8524 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 22 1885

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 22 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Tydings

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Watch-maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 21 yrs.

*Place of Death,* {Give Street and Number.} No. 142½ N. Calvert

*Cause of Death,* First (Primary), —

Second (Immediate), Apoplexy.

*Duration of Last Sickness,* Instant Death.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslay

*Date of Burial,* July 22 1885

*Undertaker* Alf Thursby

*Place of Business,* Merchants *Address,* Coroner Ct. Dist.

Alexander Hill, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Requested to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85225 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUL 22 1885 REGISTERED

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora E Gutheridge

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 4 *Months,* ~~—~~ *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 568 Hanover St

*Cause of Death,* First (Primary), "

Second (Immediate), Summer Complaint

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemet.

*Date of Burial,* July 23d 85

*Undertaker,* J Bleck

*Place of Business,* 707 Balto St

James A. Stewart M. D.

*Address,* Bm. H. Health Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John M Devery S. Insp.

The Special Attention of Physicians [illegible] to the Remarks below, and to Line of Disease [illegible] of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85246 *Office of Registrar of Vital Statistics.* Ward 16 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1885

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. Lecherman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days*

*Color,* Blk

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 20

*Place of Death,* {Give Street and Number.} 217 N Fremont

*Cause of Death,* First (Primary), Phthisis Pulmon.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 mts

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 22 1885

*Undertaker,* Saml Kemp

*Place of Business,* 217 N Fremont *Address,* [illegible]

Rud Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85227 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 22 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 21

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } H. E. Law

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 81 *Years,* ..... *Months.* ..... *Days*

*Color,*

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Guernsey – England

*Duration of Residence in the City of Baltimore,* Over 60 years

*Place of Death,* { Give Street and Number. } Res Mrs Home

*Cause of Death,* First (Primary), Brain trouble from debauch

Second (Immediate),

*Duration of Last Sickness,* About One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 22 / 1885

*Undertaker,* C. W. Jenkins & Son

*Place of Business,* Park & Saratoga Sts

H. McWilson M. D.
Medical Attendant.

*Address,* 251 East Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85228

*Office of Registrar of Vital Statistics.*

9 cc

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUL 22 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Colston

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* Cd

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 35 St Paul St.

*Cause of Death,* First, (Primary.) Cholera Nostras, dying in collapse —

Second, (Immediate.)

*Duration of Last Sickness,* between 8 & 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 22/85

*Undertaker,* W. H. Dilinger

*Place of Business,* East St

Jno. S. Lay *M.D.,*
Medical Attendant.

*Address,* 75 Franklin St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85229 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 1888

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William W. McKee

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 57 *Years,* —— *Months.* —— *Days*

*Color,* White

*Married, ~~Single, Widow~~ or ~~Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Ship Carpenter

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Delaware

*Duration of Residence in the City of Baltimore.* 26 years

*Place of Death,* { Give Street and Number. } 47 Johnson Av

*Cause of Death,* First (Primary), Congestive Kidney & Enlarged Prostate gland

Second (Immediate), Uraemia & Gen Debility

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 24

*Undertaker,* H Doyle

*Place of Business,* 200 E Chase St

H B Noble M. D.
Medical Attendant.

*Address,* 55 Warren Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 83230 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 23/85

*Undertaker,* Robt Robinson

*Place of Business,* Wilson & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87231 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustine

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 9 *Months,* —— *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St Vincents Asylum

*Cause of Death,* First (Primary), Dcarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Wk

All the above information should be furnished by the Physician.

*Place of Burial,* July 22nd

*Date of Burial,* Bonnie Brae

*Undertaker,* Robt Robinson

*Place of Business,* Division St

F. J. Flannery M. D.
Medical Attendant.

*Address,* cor Wilson & Division

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85232 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE MD. JUL 24 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Davis

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 8 *Years,* ..... *Months,* ..... *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Penna

*Duration of Residence in the City of Baltimore,* 1 yrs.

*Place of Death,* {Give Street and Number.} 422 Federal St.

*Cause of Death,* First (Primary), Kicked in abdomen by a mule

Second (Immediate), .....

*Duration of Last Sickness,* 1 days

All the above information should be furnished by the Physician.

*Place of Burial,* Pt. Carbon Penna

*Date of Burial,* July 23. 1885.

*Undertaker,* H. H. Kirkman

*Place of Business,* 234 Gay

H. Reynolds M. D.
Medical Attendant.

*Address,* 186 Aisquith St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Trans. 3816

# Board of Health, City of Baltimore,

Permit No. 83233 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Tuesday July 21 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Pearnie R Jones

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 1 *Months,* ..... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } ✓

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto, Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 75 South Stricker St

*Cause of Death,* { First (Primary). ..... Second (Immediate). Cholera Infantum

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* July 23 rd 1885

*Undertaker* Wm B Cook

*Place of Business,* No 707 W Baltimore St *Address,* 558 W Fayette St

J D Morris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85234 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 21, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Hughes,

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland (8 mos.)

*Duration of Residence in the City of Baltimore,* 8 mos.

*Place of Death,* {Give Street and Number.} 19 W. Amity St.

*Cause of Death,* First (Primary), Insreation

Second (Immediate), Syncope

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* July 23rd 1885

*Undertaker,* Jos R Cook

*Place of Business,* No 707 N Baltimore *Address,*

V. L. Harwood M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 15235 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mah Ki Bush

*Sex, Male or ~~Female.~~* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* 2 *Months,* 5 *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 3 La Russ alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Summer Complaint

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemt

*Date of Burial,* July 22nd 85

*Undertaker,* D I Russ

*Place of Business,* 95 Conway St

James A. Stewart M. D.

~~Medical Attendant~~

Address Com. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

M L Roberts Sani. Insp.

# Health Department, City of Baltimore.

Permit No. 85236 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Alt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days*

*Color,* W.

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housekeeping

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany, 30 Years in U. S. A.

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} #381 West 2d

*Cause of Death,* First (Primary), ~~#351 West 2d~~

Second (Immediate), Heart disease

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 23rd 1885

*Undertaker,* Wm. J. Fickeisen

*Place of Business,* 65 S. Eutaw St. *Address,* #359 Saratoga St.

J. Fisher Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

... this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85237

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 21. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno M. Hines

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 64 *Years,* 8 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 131 Dolphin St.

*Cause of Death,* First, (Primary.) Diarrhoea - Peritonitis -

Second, (Immediate.) obstruction of lower part of descending colon - collapse

*Duration of Last Sickness,* about 10 days - 3 days under treatment

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 23rd 1885

*Undertaker,* Wm Weaver

*Place of Business,* 502 N Eutaw

Mahlon Kneass M.D.,
Medical Attendant.

*Address,* 68 McCulloh St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85238 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Reason

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 32 *Years,* ~~32~~ *Months.* ——— *Days*

*Color,* Black

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 32 yrs.

*Place of Death,* {Give Street and Number.} 313 S Howard.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Six months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cemetery

*Date of Burial,* July 22nd 1885

*Undertaker,* Sam'l W Chase

*Place of Business,* 19 S. Howard St *Address* 112 Hanover

Geo. J. Preston M. D.
Medical Attendant.
Baltimore Polyclinic

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85239 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS JUL 23 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 22' 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Lizzie Opitz (Caruto)

*Sex, Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 15 Minutes *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 296 Johnson St.

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Jul 23=1885

*Undertaker,* J B Hall

*Place of Business,* 52 W Lex St

Cert. James A. Stewart M. D.

~~Medical Attendant~~ Coron of Health & Registrar

*Address,* Balto

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John. E. Pudding - Inspector

# Health Department, City of Baltimore.

Permit No. 85240 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

HEALTH DEPT. BALTIMORE JUL 23 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 21 st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane E Murphy

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ~~*Years,*~~ 3 *Months,* 12 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 73 Lancaster st

*Cause of Death,* First (Primary), ....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. B. G. Phila Rd

*Date of Burial,* July 22nd 1885

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Bway.

Thomas B. Evans, M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85241 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD

*Date of Death,* July 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Sedonia Le Brun

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 12 *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Child

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give Street and Number.} Albemarle & Granby Sts

*Cause of Death,* First (Primary), Ventricion

Second (Immediate), Scarlet Fever

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 23, 85

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bway.

J R Andre M. D.
Medical Attendant.

*Address,* 121 E Baltimore Pr Shortz

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 83242 *Office of Registrar of Vital Statistics.* Ward 17 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 23 1885

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arnold Kolz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 11 *Months,* 28 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Saxony Germany 2 yrs 4 Months

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} # 88 Hanover St Locust Point

*Cause of Death,* First, (Primary,) Prostated by heat

Second, (Immediate,) Congestion of the Brain

*Duration of Last Sickness,* 14 or 15 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem.

*Date of Burial,* July 23rd 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts.

Dr Abbee M. D.,

Coroner ~~Medical Attendant~~ Sec Dept

*Address,* 161 S Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended dufing his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 85243 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Stewart.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* ..... *Months,* ..... *Days*

*Color,* .....

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ire Ireland.

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} Heath St. (Hospital)

*Cause of Death,* First (Primary), .....

Second (Immediate), Rheumatism

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 23rd 1885

*Undertaker,* C. P. Branseelon

*Place of Business,* 209 Canover

~~Geo. B. Fraser~~, ~~Hospital~~ M. D.

Medical Attendant.

James A. Stewart, M.D.

*Address,* Com. of Health & Registration Dept.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 8524 / Office of Registrar of Vital Statistics. Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 1897

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kaufmann

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 69 *Years,* 2 *Months,* 11 *Days.*

*Color,* White

*Married, Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth} Eichen Bühl, Bavaria.

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and Number.} #362 Light St.

*Cause of Death.* First (Primary), Chronic Fever

Second (Immediate), Failure Heart action.

*Duration of Last Sickness,* 1 day.

All the above information should be furnished by the Physician.

*Place of Burial* St Aspenwes Cemetery

*Date of Burial,* July 23 "

*Undertaker* B. Hartle

*Place of Business,* 210 S2 West

Chas. E. Huck M. D.
Medical Attendant.

*Address,* 611 Argyle Ave & Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted, and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85345 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shinner

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* — *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 48 yrs

*Place of Death,* {Give Street and Number.} 25 Alley

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Exhaustion Heat

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 23rd

*Undertaker,* B. Hall

*Place of Business,* No 82 West St

Thos Bolton M. D.
Medical Attendant.

*Address,* 416 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85246 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit to be Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPT. JUL 23 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Pace Pacetti

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* — *Years,* — *Months,* 14 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 12 Minis Alley

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Shar[illegible]

*Date of Burial,* July 23 85

*Undertaker,* Alex Kennedy

*Place of Business,* —

Jas Gilliss M. D.,
Medical Attendant.

*Address,* 1[illegible] Bank

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Johnson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* about 73 *Years,* *Months,* *Days.*

*Color,* Black *Sex,* Female

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

*Duration of Residence in the City of Baltimore,* Not-certain

*Place of Death,* {Give street and number.} 30 Bolton St Baltimore

*Cause of Death,* First (Primary,) General Vital failure

Second (Immediate,)

*Duration of Last Sickness,* About 10 or 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 23d 1885

Chas H. Mute M. D.
Medical Attendant.

*Undertaker,* Alley Stanley

*Place of Business,* 111 Richmond St. *Address* 109 N. Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85248 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ritter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 24 *Years,* — *Months.* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md.

*Duration of Residence in the City of Baltimore,* about 7 years

*Place of Death,* {Give Street and Number.} No 5 Duncan Alley

*Cause of Death,* First (Primary), Sunstroke

Second (Immediate), Coma

*Duration of Last Sickness,* 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible] am

*Date of Burial,* July th 23

*Undertaker,* W Blakemy Jr

*Place of Business,* 253 E Lombard st

L C Wanderuke M. D.
Medical Attendant.

*Address,* 125 Eden st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85249 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anstena Bilmann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* 4 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2½ years.

*Place of Death,* {Give Street and Number.} 117 Scott St.

*Cause of Death,* First (Primary), Typhoid Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 23 1885

*Undertaker,* M. J. Dill

*Place of Business,* 183 Columbus A, *Address,* 46 W. Biddle St

W. A. B. Sellman M. D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8525 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Murphey

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give Street and Number.} 777 Saratoga st

*Cause of Death,* First (Primary),

Second (Immediate), Consumption of Lungs

*Duration of Last Sickness,* One Year.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 24th 1885

W. R. McShane M. D.
Medical Attendant.

*Undertaker,* McCatthew Cadogan

*Place of Business,* 227 N Maulberry *Address,* 572 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8525/ *Office of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linwood Wright

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *9 Months,* *14 Days*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 470 E. Eager St

*Cause of Death,* First (Primary),

Second (Immediate), Heat Exhaustion

*Duration of Last Sickness,* About 9 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 23/85

*Undertaker,* Chas S. Key

*Place of Business,* 87 W Broadway

H. H. White, M. D.
Medical Attendant.

*Address,* 317 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85252 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Azuba M Morgan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ____ *Years,* ____ *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ____

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 103 Curby's Lane

*Cause of Death,* First (Primary), ____

Second (Immediate), Dianteria

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 25 1880

W. K. Warner M. D
Medical Attendant.

*Undertaker,* S. M. Leonard & Son

*Place of Business,* 782 W. Baltimore St *Address,* 280 N Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 85253

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85253 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

JUL 23 1885

*Date of Death,* 7/22/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Wm Schuetz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* Years, 1 Months, 22 Days

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* 11 m. 22 d

*Place of Death,* {Give Street and Number.} 402 N. Johnson

*Cause of Death,* First (Primary), Cholera Infa

Second (Immediate), Congestion of Lungs

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Paul Cemetery

*Date of Burial,* July 23

*Undertaker,* A. Drew Rohde

*Place of Business,* 43 Penna Ave

L. L. Bitting M. D.
Medical Attendant.

*Address,* 467 N. Eutaw St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85257 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Baer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} 132 Fremont Ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 2 or 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Chas. M. Cemetery

*Date of Burial,* Aug. 23 1885

*Undertaker,* S. W. Chase

*Place of Business,* 191 Howard St

Chas. N. Feller M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

[OVER.]

No. 10255

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85255 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1885 BALTIMORE MD.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Herndon

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* Twenty *Years,* ~~Months,~~ ~~Days~~

*Color,* Brown

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} J

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Ten years

*Place of Death,* {Give Street and Number.} 26 Masons ally

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* Three months,

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 23rd 1885

*Undertaker,* S W Chase

*Place of Business,* 198 Howard st

F B Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK S'AFETY FI

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

*Office of Registrar of Vital Statistics.* Ward 2

Permit No. 85256

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sedonia Bent

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 10 Months, Days

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Banks st Court No 4

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 13 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 22 1886

*Undertaker,* C. M. Chase

*Place of Business,* 1[illegible] Howard st

D E Guth M. D.
Medical Attendant.

*Address,* 13[illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 13207

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85254 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hudson

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* 3

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 15 Orleans St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* July 23 1885

*Undertaker,* Henry Mc E Gines

*Place of Business,* 8 & N Central Ave

Lee B Kenney M. D.
Medical Attendant.

*Address,* 1126 N Calvert St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 85238 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and not sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Hagg

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and Number.} Church Home, Eastern Ave & Broadway

*Cause of Death,* First (Primary), Chronic Diarrhoea

Second (Immediate), Marasmus

*Duration of Last Sickness,*

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 22d 1885

*Undertaker* M. A. Dayer

*Place of Business,* 74 S. Bway

F. D. Gaut M. D.
Medical Attendant.

*Address,* Church Home, Eastern Ave & Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85259 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

JUL. 23 1885

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Richard Buck

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 183 N. Caroline

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Convulsions

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Western C

*Date of Burial,* July 23 th

*Undertaker,* W. Slipper

*Place of Business,* W. Slipper *Address,* 171 N Calvert St

Geo B Reynolds *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 85260 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Sulres

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* — *Months,* — *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the word not required in this line.} ✓

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and Number.} Church Home & Infirmary N. Broadway

*Cause of Death,* First (Primary), old age

Second (Immediate),

*Duration of Last Sickness,* —

The above information should be furnished by the Physician.

*Place of Burial,* Greenmt. Cemetery

*Date of Burial,* July 24, 1885

*Undertaker* M. A. Dayer

*Place of Business,* 74 S. Broadway, *Address,*

*D. D. Gamé* M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Accurate Filling of this Certificate.

# Board of Health. City of Baltimore,

Permit No. 85261 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret L. Dorn

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 57 *Years,* 6 *Months,* *Days.*

*Color,* White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Keeping house

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and Number.} 42 Causey St

*Cause of Death,* First, (Primary,) Epithelial Cancer of face

Second, (Immediate,) & Erysipelas - Confined to bed several weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 24th.

*Undertaker,* F. M. Troll

*Place of Business,* 131 Hanover *Address,* 317 Madison Ave

D. Casey Thomas M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85264 *Office of Registrar of Vital Statistics.* Ward 10 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 21 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hayforth

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 61 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 52 Years

*Place of Death,* {Give Street and Number.} 53 N. Paca st

*Cause of Death,* First (Primary), Abscess of Land

Second (Immediate), Prostration of heat

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 23rd 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W Fayette

C. L. Cuddenbohm M. D. Medical Attendant.

Address, 166 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85263 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

JUL 23 1885

*Date of Death,* July 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Ford

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 11 *Months,* 23 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~ ~ ~

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 85264 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas B. Cole

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 52 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Machinist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md —

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} County Wharf foot of Broadway

*Cause of Death,* First (Primary), ——

Second (Immediate), Overcome with Heat —

*Duration of Last Sickness,* About one hour

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* July 23. 1885

*Undertaker,* W. H. Hickman

*Place of Business,* 234 N. Gay *Address,* 217 S. Broadway

W. Duhrell Jr. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85265 — *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 - 3.30 a m

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian May Stumpf

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 6 *Months,* 11 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single ✓

*Occupation,* ~~Hostess~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* 4 weeks

*Place of Death,* {Give Street and Number.} 40 N Calvert St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 wks

All the above information should be furnished by the Physician.

*Place of Burial,* E Pratt Cemetery

*Date of Burial,* July 23 '85

*Undertaker,* Geo. Rittenhouse

*Place of Business,* ———

E Van Hood M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85266 *Office of Registrar of Vital Statistics.* 20½

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE

*Date of Death,* July 22. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen V. Wilen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 330 Preston ave St.

*Cause of Death,* First, (Primary.) Artificial feeding - Chronic Gastro

Second, (Immediate.) Enteritis Marasmus

*Duration of Last Sickness,* about 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem

*Date of Burial,* July 24th 85 Thanbury Brune M.D.,
Medical Attendant.

*Undertaker,* Mr Weaver

*Place of Business,* 202 N. Eutaw *Address,* 608 N. Carlton St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 0 85267

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85267 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD

*Date of Death,* July 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juline Wilmer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 14 *Days*

*Color,* cd

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 7 Little Monument St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 24/85

*Undertaker,* A. Healey

*Place of Business,* Orchard St

James A. Stuart M. D.
Medical Attendant.

Address, Com. of Health Register

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85268 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

8

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm N. L. Miles

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 14 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 174 Partins

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Mont Clare

*Date of Burial,* July 23

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Baltimore

W H Phillips M. D.
Medical Attendant.

Address, 311 West Mad Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 88269 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH Dept. Balt.
JUL 23 1885
REGISTRAR OF VITAL STATISTICS

## CERTIFICATE OF DEATH.

*Date of Death,* July 22, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Acloe

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 45 Cochrane Pl

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Inflammation

*Duration of Last Sickness,* 5 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* July 23/85

*Undertaker,* J. B. Coost

*Place of Business,* 707 W Balto St, *Address,* 319 Hollins St

James Boorley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85270 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d 9 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin L Schuh

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 5 *Months,* 28 *Days*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 98 Paulin St.

*Cause of Death,* First (Primary),

Second (Immediate), Chronic Croup.

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 23d 1885 H. W. Webner M. D.

*Undertaker,* Geo Leimbach Medical Attendant.

*Place of Business,* 584 Pratt St. *Address,* 298 N. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85271 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Whalen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 601 Bruce St.

*Cause of Death,* First (Primary), Dis. of Heart. (Mitral)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peter's Cemetery

*Date of Burial,* July 24 1885

*Undertaker,* Jas O Byrne

*Place of Business,* 63 Front *Address,*

J. J. Rickard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85272 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Bustaman

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* ..... *Months.* ..... *Days*

*Color,* W

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 55-1 years

*Place of Death,* {Give Street and Number.} # 2 - Inmate - at - Insanity

*Cause of Death,* First (Primary), .....

Second (Immediate), .....

*Duration of Last Sickness,* 6 days, 15

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 25th 1885

*Undertaker,* H Lenox Schaefer

*Place of Business,* 29th Fremont Address, .....

J J Horne M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85273 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Mitchell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 187 Gough St.

*Cause of Death,* First (Primary), Fracture of femur

Second (Immediate), Shock and general debility

*Duration of Last Sickness,* about one week

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 23d 1885

*Undertaker,* H. Lewis Schaaf

*Place of Business,* 109 N. Fremont Address, 273 W. Hoyle St.

J. H. Hoffman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85274 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 23 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Monday July 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bolden

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 15 Edwards St.

*Cause of Death,* First (Primary), Puerperal Metro peritonitis.

Second (Immediate), High fever, Exhaustion,

*Duration of Last Sickness,* 6 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* July 23 1885

*Undertaker,* William Dunge

*Place of Business,* 62 East St

Wilmer Brinton M. D.
Medical Attendant.

*Address,* 144 St. Paul Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8727 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd Clark

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* one *Months,* 0 *Days*

*Color,* Light copper

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* one Month

*Place of Death,* {Give Street and Number.} No. 119 Chestnut Alley

*Cause of Death,* First (Primary), Hot Weather

Second (Immodiate), Cholera Infantum

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Levy Cemetery

*Date of Burial,* July 22 1885

*Undertaker,* William Lange

*Place of Business,* 42 East St

Benj F Bohm M. D.
Medical Attendant.

*Address,* Cor Mulberry & Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85276

*Office of Registrar of Vital Statistics.* 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bolton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ann Arundel Cty

*Duration of Residence in the City of Baltimore,* Seventeen years.

*Place of Death,* {Give street and number.} 11 Stockton Alley

*Cause of Death,* First, (Primary.) General Dropsy

Second, (Immediate.)

*Duration of Last Sickness,* Four Months, under My Care Thirty-days

All the above information should be furnished by the Physician.

*Place of Burial,* Shorpes Cemetery

*Date of Burial,* July 24 1885

*Undertaker,* William Longer

*Place of Business,* 62 East St

Julius Hall M.D.,
Medical Attendant.

*Address,* 317 Madison Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 85277 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Matthews

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* One Year, 8 Months, Days,

*Color,* Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 453 Mc Elderry St

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Convulsions

*Duration of Last Sickness,* About a week

All the above information should be furnished by the Physician.

*Place of Burial,* Pearl Cemetery

*Date of Burial,* Aug 23 1885

*Undertaker* William Burge

*Place of Business,* 62 East St

J B Schwatka M. D.
Medical Attendant.

*Address,* Cor Bway & Barnes

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85278

*Office of Registrar of Vital Statistics.*

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. 74

*Date of Death,* July 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Carolina Faugman

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 yrs.

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), ~~Chronic Enteritis~~ Trichinae Spiralis.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3½ wks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Helena's

*Date of Burial,* July 23

*Undertaker,* B Hartle

*Place of Business,* 1121 Bl.

Frank C. Bruster M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85279 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1885

*Date of Death,* 23 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Sopen

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 442 Aisquith

*Cause of Death,* First (Primary), Inanition

Second (Immediate), .....

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 23/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St

John Neff M. D.
Medical Attendant.

*Address,* Instantaneous

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85280 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kellman (St De Dod)

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* Teacher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philad[a] Pa

*Duration of Residence in the City of Baltimore.* 4 years

*Place of Death,* {Give Street and Number.} 157 E. Fayette St

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 13 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsius Cem

*Date of Burial,* July 24th 1885

*Undertaker,* Adam Kirk

*Place of Business,* 411 N. Gay St

Oscar J Carey M. D.
Medical Attendant.

*Address,* 128 N. Calvert St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 85281 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD

*Date of Death,* July 23. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Rose Rose

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 2 *Months,* *Days.*

*Color,* cd

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Nil

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 1 Tenfort Alley.

*Cause of Death,* First (Primary), Rachitis

Second (Immediate), Convulsions -

*Duration of Last Sickness,* Unknown.

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St. Cemetery

*Date of Burial,* June 23rd 1885

*Undertaker* Thos. J. Locke

*Place of Business,* 73 Jefferson St

Allen Whitehead M. D.
Medical Attendant,

*Address,* Baltimore University Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83284 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

JUL 23 1885

*Date of Death,* July 22nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Hedrop Sauer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 52 *Years,* — *Months,* — — *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,* — — — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Many Life

*Place of Death,* {Give Street and Number.} Corner Broadway

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate), Probably Pneumonia

*Duration of Last Sickness,* a few days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager

*Date of Burial,* July 23

*Undertaker,* W. Digel

*Place of Business,* 62

M. D.

Medical Attendant.

*Address,* 143 N Charles

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85283 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1886 BALTIMORE MD.

*Date of Death,* July 22 — 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Linz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 69 (69) *Years,* 8 *Months,* *Days*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 Years

*Place of Death,* {Give Street and Number.} 65 S. Butler St

*Cause of Death,* First (Primary), Malignant disease of Neck

Second (Immediate),

*Duration of Last Sickness,* 20 months

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* Aug 24

*Undertaker,* W. Diffel

*Place of Business,*

Ethan Metcalf M. D.

~~Official Attendant.~~

Address 108 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85284 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Anderson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 18 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Balto City 710 Franklin St

*Cause of Death,* First (Primary), Hereditary Predisposition

Second (Immediate), Tb Phthisis Pulmonalis

*Duration of Last Sickness,* about 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Bd of Thomas

*Date of Burial,* July 23 1885

*Undertaker,* A Rambler

*Place of Business,* 70 Hanburg St

J. E. Clagett M. D.
Medical Attendant.

*Address,* 36 S. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Certificate.

# Health Department, City of Baltimore.

Permit No. 85281 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25/85,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Overbeck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* ..... *Months,* ..... *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bavaria.

*Duration of Residence in the City of Baltimore,* 45 yrs

*Place of Death,* {Give Street and Number.} 61 Park ave

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Phthisis.

*Duration of Last Sickness,* over two years.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem'y

*Date of Burial,* July 23 / 1885

*Undertaker,* A Rosenberger

*Place of Business,* 70 Mulberry St

W. P. Wiman M. D.
Medical Attendant.

*Address,* 119 W. Monument

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 85286 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Spannel

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* ... *Years,* 7 *Months.* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 108 Barre St.

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonna Brae Cem.

*Date of Burial,* July 24 1885

*Undertaker,* A Rosenberger

*Place of Business,* 70 Baltimore

R. J. A. Gall, M. D.
Medical Attendant.

*Address,* 159 Shaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

# Health Department, City of Baltimore.

Permit No. 83287 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. 77

*Date of Death,* July 21st 11 a.m. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Rosie Hladey

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 5-8 *Years,* *Months,* *Days* 0

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 3 5-yrs in America

*Duration of Residence in the City of Baltimore,* 3 5-yrs

*Place of Death,* {Give Street and Number.} City Hosp

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 12 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels

*Date of Burial,* July 23 1885

*Undertaker,* C Rosenberger

*Place of Business,* 70 Lombard St

E Van Hood M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

# Board of Health, City of Baltimore,

Permit No. 85288 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

# CERTIFICATE OF DEATH.

*Date of Death,* July 23 a

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert J Yeager

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 2 *Months.* 15 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 254 Columbia avenue

*Cause of Death,* First (Primary), Scarlatina anginose

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem

*Date of Burial,* July 24/83

*Undertaker* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address* 136 Columbia ave

Geo R Graham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 85289 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

HEALTH DEPARTMENT JUL 23 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noma Annie Elizabeth Taylor

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dalto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 205 Columbia Ave

*Cause of Death,* First (Primary),

Second (Immediate) Acute Impetigo

*Duration of Last Sickness,* about 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 24/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St, *Address,* 582 Fr Ave

M. C. Chinn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C

# Health Department, City of Baltimore.

**Permit No.** 85290 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Widlick

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 60. *Years,* ... *Months.* ... *Days*

*Color,* White.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 24 yrs

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give Street and Number.} 6 Lemon Court

*Cause of Death,*
First (Primary), Cholera Morbus
Second (Immediate), Gastro Enteritis

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 24/85

*Undertaker,* J. B Cook

*Place of Business,* 707 W. Balt *Address,* 837 N. Paca St

L. R. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 85291 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Paul Lawson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 291 Columbia Ave.

*Cause of Death,* First (Primary),

Second (Immediate), Chronic Croup

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mens Cathedral Cem

*Date of Burial,* July 24/03

*Undertaker,* J. B. Cook

*Place of Business,* 207 W Balto St *Address,* 298 N. Eutaw St.

C. H. Hebner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85292 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days* 6

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 6 mos

*Place of Death,* {Give Street and Number.} 2 Seldon Ct

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemet

*Date of Burial,* 23 July 1853

*Undertaker,* Geo Perkins

*Place of Business,* 217 Hanover St

R. H. L. Ellis M. D.
Medical Attendant.

*Address,* 313 Light

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85293. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

28

JUL 23 18

BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Trager

*Sex, Male or Female,* {Cross out the word not required in this line.} V

*Age,* 1 *Years,* 4 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 538 E. Eager St

*Cause of Death,* First (Primary), Teething,

Second (Immediate), Cholera Infantum.

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Swartz Cemetery

*Date of Burial,* Sunday July 26/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

John W. White M. D.
Medical Attendant.

*Address,* 342 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Table of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85294 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Randolph Weaver

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 2 *Months,* ... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 56 Poulton st

*Cause of Death,* First (Primary), Diarrhea

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* About 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 24 1885

*Undertaker,* A. Sc & Hennely

*Place of Business,* 116 Orchard st *Address,* 19 Cathedral st

D. E. Atkinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85295. *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Moore

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 2 *Months,* ... *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and Number.} 26 St Mary St

*Cause of Death,* First, (Primary,) Heat

Second, (Immediate,) Bronchitis & Convulsions

*Duration of Last Sickness,* 1 week

Remarks

A few days ago I was sent for to see this child but was absent, and the child ~~was~~ was not thought by the parents sick enough to require immediate attention. It died yesterday afternoon having convulsions

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis June

*Date of Burial,* July 24 85

*Undertaker,* A C Kemsley

*Place of Business,* Merchants *Address,* 183 Linden Ave

Edmund R Walker M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Trans. 3818

# Health Department, City of Baltimore.

Permit No. 85296 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeannie Newberges

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Kitzburg Germany

*Duration of Residence in the City of Baltimore,* 3 Years 8

*Place of Death,* {Give Street and Number.} 1 E. & N. Central Avenue

*Cause of Death,* First (Primary), Sunstroke.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* abt 6 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery.

*Date of Burial,* July 24th 1885

*Undertaker,* Chas. F. Evans Jr.

*Place of Business,* Eagle Valley St.

Charles M. Morfit M. D.
Medical Attendant.

*Address,* 67 E. Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85297 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT
JUL 24 1885
BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 23, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Walther

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Prince ✓

*Cause of Death,* First (Primary), Scald

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 23/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8598 *Office of Registrar of Vital Statistics.* Ward 4th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick L. Markward.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 10 *Months,* ..... *Days*

*Color,* Mulatto.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} Gough St 38

*Cause of Death,* First (Primary), Spasm

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Five day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Com

*Date of Burial,* July 24 1885

John A Lehnd, M. D.
Medical Attendant.

*Undertaker,* John Kerney

*Place of Business,* 382 Orleans St Address, E bar Lough & Edenst

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85299 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Emrals

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* 6 *Months,* 15 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 205 Hamburg St

*Cause of Death,* First (Primary),

Second (Immediate), Dropsy - Inspatie,

*Duration of Last Sickness,* 3 or 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpt Cemetery

*Date of Burial,* July 24 1885

*Undertaker,* Herculer Bros

*Place of Business,* 15 Cor Wayst

Jno A Beer M. D.
Medical Attendant.

*Address,* 161 S Sharpt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85300 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 23, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W Heiland

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 17 *Years.* 6 *Months.* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 745 W Pratt St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park.

*Date of Burial,* July 24th 1885

*Undertaker,* John. C. Paulus

*Place of Business,* 766 Third Ave. *Address,* 544 W Fayette St

G Leuthecum M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85301 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen J Kenrikes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 128 Ridgely St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 25 85

*Undertaker,* J. B. Corle

*Place of Business,* W. Balto St. *Address,* 136 Columbia Ave

Geo R Graham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8530 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Mc Hamilton

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 2 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 438 W Lombard St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Several M.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 24th 1885

*Undertaker* Matthew Cadogan

*Place of Business,* 227 Mulberry St Address, 30 W. Lombard

H. L. Klein M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85303 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Maude Clayton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 9 *Months,* 9 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 149 Division St

*Cause of Death,* First (Primary), Inflamation Bowels

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 24th 1885

*Undertaker,* Martin Fahey

*Place of Business,* 126 & 128 Townsend St. *Address,* 50 Barre av

H. B. Noble M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85304 *Office of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hoiser

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* *Days*

*Color,* colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 83 ~~Druid~~ Harmony lane

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 24 (85

*Undertaker* A. C. Hemsley

*Place of Business* 116 Orchard st *Address,* 326 Wilkin ave

Wm A James M. D.

~~Medical Attendant.~~ Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85306 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 24 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Leroy Robins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 24 *Days*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 24 days

*Place of Death,* {Give Street and Number.} 272 Hanover St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* July 25

*Undertaker,* [illegible]

*Place of Business,* [illegible]

R. H. Ellis M. D.
Medical Attendant.

*Address,* 913 Light

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85306 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JUL 24 1885
BALTIMORE, MD.

*Date of Death,* July. 24th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gd Stout

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 33 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 20 Years.

*Place of Death,* {Give Street and Number.} Rear of 78 Pat Ave

*Cause of Death,* First (Primary), Bilious Typhoid

Second (Immediate), Erysipelas

*Duration of Last Sickness,* one Month

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* July 24th 1886.

*Undertaker,* Martin Fraley.

*Place of Business,* 126 & 128 Townsend St. *Address,* 193 Pennsylvania Ave

G. W. Sims. M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

# Board of Health, City of Baltimore,

**Permit No.** 85307 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 25 1885
BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Halcyon Estep

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* — *Years,* — *Months,* 13 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation* Infant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* 13 days

*Place of Death,* {Give street and Number.} 433 N. Carey

*Cause of Death,* First (Primary), Inanition

Second (Immediate), "

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 4 Oclock

*Undertaker* J J Chambers

*Place of Business,* Milton St / *Address,* 506 Wash. Ave

J H Christian M. D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Health Department, City of Baltimore.

Permit No. 85308 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alovicius Eastrich

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months.* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 22 Poultney St

*Cause of Death,* First (Primary),

Second (Immediate), Insanitis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 25th 1885

*Undertaker,* Bernard Carle

*Place of Business,* 82 Hurst St

Thomas Boyle M. D.
Medical Attendant.

*Address,* 44 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85309 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 " 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Brod

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* —— *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 months

*Place of Death,* {Give Street and Number.} 4 Goodman Alley

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia Typhoid,

*Duration of Last Sickness,* 6. days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 24th 1885

*Undertaker,* Edward Healy

*Place of Business,* 82 West St

Theodore Cotta M. D.
Medical Attendant.

*Address,* 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85310 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Hammond

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 9 *Months,* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 1604 Saratoga

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Int Carroll C

*Date of Burial,* July 24 1885

*Undertaker,* George Leimbach

*Place of Business,* 389 W. Pratt

Theodore Cotte M. D.
Medical Attendant.

*Address,* 1604 Hammond

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85311 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 23. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Feigle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 678 Pennsylvania Ave.

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Balto Cemt

*Date of Burial,* July 24th /85

*Undertaker,* J. B. Laughlin & Co

*Place of Business,* 298 Penn Ave *Address,*

J. L. Ricketts *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules:

# Board of Health, City of Baltimore.

**Permit No.** 85312 *Office of Registrar of Vital Statistics.* **Ward** 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 23. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Jenny C. Bird

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 25 — *Years,* — *Months,* — *Days,*

*Color,* W.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 230 Balto St.

*Cause of Death,* First (Primary), Confinement - Septicaemia, of

Second (Immediate), Eclampsia and collapse Diarrhea

*Duration of Last Sickness,* 7 days

the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 25/85 Chas. Smith M. D.

Medical Attendant.

*Undertaker* STEWART & BROWN UNDERTAKERS

*Place of Business,* 38 Park ave. *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85313 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Joseph Zech

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 107 N. Wolfe St.

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus C

*Date of Burial,* July 25th

*Undertaker,* H. Seipp

*Place of Business,* 151 S. Bond St

E. P. Irwin M. D.
Medical Attendant.

*Address,* 375 E. Balto. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8531 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina R. Salzkorn

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 65 *Years,* 8 *Months,* 26 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Housekeeping

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 41 Portland st

*Cause of Death,* First (Primary), Sciatica

Second (Immediate), asthenia

*Duration of Last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 26th 1885

Jas. E. Gibbons M. D.
Medical Attendant.

*Undertaker,* Geo. Lemmon

*Place of Business,* 387 W. Balto St *Address,* 47 Edmondson ave

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85315 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Popplein

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 62 Years

*Place of Death,* {Give Street and Number.} 487 Eutaw Square

*Cause of Death,* First (Primary), Bronchitis + dilated heart

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 25/85

Chas. O'Donovan M. D.
Medical Attendant.

*Undertaker,* STEWART & MOWEN, UNDERTAKERS.

*Place of Business,* *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85316 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Andrews

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 11 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City Since Birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 190 Canton Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's

*Date of Burial,* July 24th

*Undertaker,* Wm Leipsel

*Place of Business,* 151 E Baltimore St

John H. Reliberger M. D.
Medical Attendant.

*Address,* 243 Aliceanna St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 8317 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius C Huggelmeyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 7 *Months.* 5 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 28 S Caroline St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem. Traff. Rd

*Date of Burial,* July 25th 85

*Undertaker,* J. B. Cook,

*Place of Business,* 707 W Balt St / *Address,* 605 W Lombard St

H. H. Goodman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 8531 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Clay Lee

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 7 — *Months,* —— *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*~~Occupation~~*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} * 252 Hollins St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} # 242 Hollins

*Cause of Death,* First (Primary), Teething & Temperature

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Weeks

The above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Jul. 24/85

Geo. H. Dixon M. D.
Medical Attendant.

*Undertaker* J. B. Cook

*Place of Business,* 407 W. Balto St *Address,* # 44 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

(19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 22, 1885 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Howard -

*Sex, Male or Female,* {Cross out the word not required in this line.} Male -

*Age,* ——— *Years,* 2 *Months,* 10 *Days.*

*Color,* Col - *Sex,* Male -

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——— ———

*Occupation,* ——— ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City -

*Duration of Residence in the City of Baltimore,* Lifetime -

*Place of Death,* {Give street and number.} 36 Stockton al -

*Cause of Death,* First (Primary,) Neglect and improper food -

Second (Immediate,) Cholera infantum preceded by inanition -

*Duration of Last Sickness,* Three weeks (So stated) - Only saw it twice -

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery E. H. Holbrook - M. D.

*Date of Burial,* July 24 1885 Medical Attendant.

*Undertaker,* Wilson & Longe

*Place of Business,* 62 Post St Address 185 N. Carey st -

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 80320 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Davis

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 11 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 262 Raborg St.

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 23 1885

*Undertaker,* William Lange

*Place of Business,* 612 Cod St

C. M. Neff M. D.
Medical Attendant.

*Address,* 306 N. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8532 / *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, BALTIMORE, MD. 1885

*Date of Death,* July 24th "

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schwazkopf

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany, unknown

*Duration of Residence in the City of Baltimore,* About seven years.

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Inedlations

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsis cem

*Date of Burial,* July 11th 24

*Undertaker,* W B Lothamy Jr

*Place of Business,* 253 E Lombard St

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Sheet.

# Health Department, City of Baltimore.

Permit No. 85322 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmet Conegys

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 12 Douglas st

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 24th 1885

*Undertaker,* W W Dungee

*Place of Business,* East st

James A Stewart M. D.

~~Medical Attendant.~~

*Address,* Dept of Health & Registration

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKewen Sanitary Inspector

The special Attention of Physicians is Respectfully Invited to the Reverse Side of This Certificate.

# Board of Health, City of Baltimore.

Permit No. 85323 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

D

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Marcus Chappel

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... *11 Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 99 N. Chappel st

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate) .....

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 25th 1885

*Undertaker* G. France

*Place of Business,* Bank & Wolfe Sts. *Address,* 825 E. Balto. st.

P. G. Dausch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 8534 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single ~~or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 24 S. Castle St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Convulsions

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 25th 85

*Undertaker,* J. Franc

*Place of Business,* Pant & Wolfe's *Address,* 443 Aliceanna St.

John H. Kehlberger M. D.
Medical Attendant.

JUL 24 1885
HEALTH DEPARTMENT
BALTIMORE MD

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 85325 *Office of Registrar of Vital Statistics.* Ward 1/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 4.45 o'clock P.M. Thursday July 23d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathrin Crum

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 66 *Years,* 2 *Months,* 21 *Days*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* Non

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 80 years

*Place of Death,* {Give Street and Number.} No 11 Binnie St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), do do

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 26th 85

*Undertaker,* G. Francis

*Place of Business,* Bantz & Wolfe *Address,* 28 O'Donnell St

J. E. Prichard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY ▲ FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 85326 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 24 1885

## CERTIFICATE OF DEATH.

17a

*Date of Death,* July 22. '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Marg't Krieger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* 19 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 353 Eagle St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Eclampsia

*Duration of Last Sickness,* 3 or 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Centre

*Date of Burial,* July 24, 1885

*Undertaker,* Henry Stark

*Place of Business,* 384 Central ave *Address,* 430 N Caroline St

Geo A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8537 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 24 1885

# CERTIFICATE OF DEATH.

*Date of Death,* Wednesday July 22nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hubert Eff

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 60 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 Years

*Place of Death,* {Give Street and Number.} Cor. of Monument & Harford Ave

*Cause of Death,* First (Primary), Paralysis of Brain

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemetery

*Date of Burial,* July 24, 1885

*Undertaker,* Henry Koerpe

*Place of Business,* 309 N Central Ave *Address,* Chas St & Forest Place

Wilmer Brinton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85828 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hergenrither

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 2 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 21 Hope st

*Cause of Death,* First (Primary), ....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem'y

*Date of Burial,* July 25 1885

*Undertaker,* Henry Hoaf

*Place of Business,* 389 N Central Ave *Address,* 218 E. Preston st

W. B. Billingslea M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 85329 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 24 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Summers.

*Sex,* [illegible]emale, { Cross out the word not required in this line. } —

*Age,* [illegible]8 *Years,* — *Months,* 7 *Days.*

*Color,* W.A. —

*Married,* ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation* ~~Working woman~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* { Give street and Number. } No. 67 Harrison St.

*Cause of Death,* First (Primary), [illegible] Pneumonia

Second (Immediate), Acute

*Duration of Last Sickness,* 1½ — 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Lodge

*Date of Burial,* July 25, 1885

*Undertaker* James P. Byrne

*Place of Business,* 63 N. Front St

Alexander Hill M. D.
Medical Attendant.

*Address,* Coroner [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

# Health Department, City of Baltimore.

Permit No. 85330 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dorris

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* / *Years,* 2 *Months.* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City of Balto

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 1 Centre

*Cause of Death,* First (Primary), Exhaustion

Second (Immediate), Meningitis

*Duration of Last Sickness,* 3 or 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 24th

*Undertaker,* Fred Goerke

*Place of Business,* 29 S. Carrolton Ave

T. J. Moyer M. D.
Medical Attendant.

Address, 1 S. Centre

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. 16

Permit No. 82331 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lord Watts.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* 28. *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 425 Bond St.

*Cause of Death,* First (Primary), Acute Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 11 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 25th 1885

*Undertaker,* Wm J Tuckner

*Place of Business,* 165 S Eutaw St *Address,* 273 Lexington St

John L. Ryan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85332 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanson H. Keys

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 44 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Machinist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

*Duration of Residence in the City of Baltimore,* 42 years

*Place of Death,* {Give Street and Number.} 110 S. Bond St.

*Cause of Death,* First (Primary), Pleuro-pneumonia

Second (Immediate), Suppuration of lung & exhaustion

*Duration of Last Sickness,* 40 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemy

*Date of Burial,* July 26th 1885

*Undertaker,* M. Eckert & Son

*Place of Business,* 92 S. Ann

F. S. Lynch M. D.
Medical Attendant.

*Address,* No 1 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 85333 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy L. Fowler

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days,*

*Color,* Col.

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 33 years.

*Place of Death,* {Give street and Number.} No 82 Pierce Street

*Cause of Death,* First (Primary),

Second (Immediate). Phthisis Pulmonalis

*Duration of Last Sickness,* 3 mo's

All the above information should be furnished by the Physician.

*Place of Burial* Sharp St Cemetery

*Date of Burial,* July 24 1885

*Undertaker* Gaither & Chase

*Place of Business,* 198 Howard St

B. S. Tilcomb, M. D.
Medical Attendant.

*Address,* 616 W Balto Street

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85334 *Office of Registrar of Vital Statistics.* Ward 13 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maley Green

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* 5 *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Chien

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 90 N. Amity St.

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 24 1885

*Undertaker,* S Hershaw

*Place of Business,* 198 Howard St

John Neff M. D.
Medical Attendant.

*Address,* 206 N Carrollton

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85335

*Office of Registrar of Vital Statistics.*

5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

BALTIMORE MD. JUL 27 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* " July 23 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kenuro Christian.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male.

*Age,* 41 *Years,* 2 *Months,* 21 *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married.

*Occupation,* Millwright

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Hanover Germany

*Duration of Residence in the City of Baltimore,* About 20 years

*Place of Death,* {Give street and number.} In 266 E. Monument St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Hemoptysis,

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* July 26th - 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St.

Jno. T. Powell M.D.,
Medical Attendant.

*Address,* ~~227~~ Carrollton Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85336 *Office of Registrar of Vital Statistics.* Ward 6th

Balto Co. July 24th 1885 - 8
William Kisbee R Jay St c of
died July 24th 1885 from Inflamation
of bowels age 2 yrs + 5 months
Sick 10 days
Geo F. Cross M.D
Balto Co
MD

The
to the U
requested

Date o
Full N
Sex, M
Age,
Color,
Marrie
Occupa
Birth
Duratio
Place o

See following certificate

Cause of Death, { First (Primary), / Second (Immediate), Inflamation of Bowels

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 25th/85

{ Undertaker, B. Bloade
{ Place of Business, — West St Address,

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

5

Permit N 85336

The ... to the U... requested ... do, under penalty of law.

No Permit for Burial can be Obtained without a Proper ...

# CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kubel.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. Gay St

*Cause of Death,* First (Primary), Inflamation of Bowels

Second (Immediate),

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 2 1885

*Undertaker,* B. Bloade

*Place of Business,* — West St *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85337 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Williams

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 87 *Years,* *Months,* *Days*

*Color,* Col

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give Street and Number.} 60 South Dallas St

*Cause of Death,* First (Primary), Frequent colds with pains

Second (Immediate), Consumption

*Duration of Last Sickness,* about four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* asbury cemetery

*Date of Burial,* July 26th 1885

*Undertaker,* John E. Grace

*Place of Business,* S. Caroline No 148 *Address,* 138 N. Eden St.

Hilton A. Taylor M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85838 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert E. Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 289 Bank

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 26 1885

*Undertaker,* H. Saunders Co

*Place of Business,* 552 Canton Ave *Address,* 77 So. Broadway

G. L. Wilkins M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

**Permit No.** 85339 *Office of Registrar of Vital Statistics.* **Ward** 10 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Davis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 51. *Years,* — *Months,* ..... *Days,*

*Color,* W.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and Number.} 90 Mulberry St

*Cause of Death,* First (Primary), Malignant Pustule

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 weeks

the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 24th

Christopher Hn. Feete M. D.
Medical Attendant.

*Undertaker* M. A. Daiger

*Place of Business,* 744 S. Broadway *Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

**Permit No.** 85340 ~~Office~~ of *Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
JUL 24 1885
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 23d

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Louth. Hotelmann

*Sex,* ~~Male~~ *or Female.* {Cross out the word not required in this line.}

*Age,* 44 *Years,* 10 *Months,* — *Days.*

*Color,*

*Married,* ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 100 Hanover St

*Cause of Death.* First (Primary), Malarial fever

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* July 26th 1885

*Undertaker* C. F. Krauseadon

*Place of Business.* 209 Hanover Address 156 Madison ave

L. Hellmann M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8534 / *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Friese

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 27 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 211 S. Bond St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Aloysius Cem.

*Date of Burial,* July 25. '85

*Undertaker,* H Cook & Co

*Place of Business,* 115 S Bond St *Address,* 248 Aliceanna St

John A Rehberger M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 85342 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 25 1885

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Roche Jr

*Sex, Male* ~~Female~~, {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11½ *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 115 Penna Ave

*Cause of Death,* First (Primary). Heat

Second (Immediate). Collapse

*Duration of Last Sickness,* 2½ hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 25th 1885

*Undertaker* Andrew Rohde

*Place of Business,* 45 Penna Ave *Address,* 201 W. Biddle St

R. Winslow M. D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85343 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Clark

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 4 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 146 N. Spring

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 25 '85

*Undertaker,* J. R. Lake

*Place of Business,* 423 Gay St

E. B. Fenby M. D.
Medical Attendant.

*Address,* 283 N. Eden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 8534 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

# CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Karen Marx Henry

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* Col

*Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 39 years

*Place of Death,* {Give street and Number.} Milligan St

*Cause of Death.* First (Primary),

Second (Immediate). Consumption

*Duration of Last Sickness,* years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 26 1885

*Undertaker* J. J. Locke

*Place of Business,* 13 Jefferson st

H G Mahon M. D.
Medical Attendant.

*Address,* Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 83345 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Veronica Paul

*Sex,* ~~*Male or,*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 10 *Months,* ~~—~~ *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~—~~

*Occupation* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Supposed Baltimore Md

*Duration of Residence in the City of Baltimore,* " Life

*Place of Death,* {Give street and Number.} 57 St Paul St

*Cause of Death,*
First (Primary),
Second (Immediate), Marasmus

*Duration of Last Sickness,* about week

All the above information should be furnished by the Physician.

*Place of Burial,* Mass Cathedral

*Date of Burial,* July 25th 1885

*Undertaker* George Rinehart

*Place of Business,* Forrest Place *Address,* 127 St Paul St

Thos. J. Kane M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 85346 *Office of Registrar of Vital Statistics.* Ward 5 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 23 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Carroll

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Act

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 287 E Monument St

*Cause of Death,* First (Primary), Typhoid - Malarial

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 25th 1885 G. F. Taylor

*Undertaker,* Joseph F Byrne

*Place of Business,* 69 n Liberty *Address,* 234 N Bond

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 83347 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 24 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Mullen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 7 *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Fort Ridgely & Ly

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore C

*Date of Burial,* July 26

*Undertaker,* P. Hart

*Place of Business,* 52 West A

Jno D Blake M. D.
Medical Attendant.

*Address,* 158 Race

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85348 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Rider

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 66 McCulloughSt-

*Cause of Death,* First (Primary), Old age

Second (Immediate), Cholera Morbus

*Duration of Last Sickness,* Two or three hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 27/85

*Undertaker,* STEWART & BOWEN, UNDERTAKERS, 34 Park Ave.

*Place of Business,*

L. A. Smithson M. D.
Medical Attendant.

*Address,* 532 W Fayette St-

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85349 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Henry Lambard.

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* Twenty-two *Years,* Eleven *Months,* Twenty-two *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Printer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Pipe Creek, Carroll Co. Md.

*Duration of Residence in the City of Baltimore,* fourteen years

*Place of Death,* {Give street and Number.} 1212 N Gilmor St.

*Cause of Death,* First, (Primary,) Entero phthisis

Second, (Immediate,)

*Duration of Last Sickness,* Ten (10) months

All the above information should be furnished by the Physician.

*Place of Burial* New Windsor Carroll Co. Md

*Date of Burial,* July 26th 1885

*Undertaker,* Stewart & Mooren

*Place of Business,* 35 Park ave

H W Wright M. D.,
Medical Attendant.

*Address* 1214 N Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3820 Jy

# Health Department, City of Baltimore.

Permit No. 85350 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Weigbrecht

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ~~119 Stirling St~~ Lifetime

*Place of Death,* {Give Street and Number.} 119 Stirling St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 19 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western C

*Date of Burial,* July 25

*Undertaker,* B. Hall

*Place of Business,* 82 West St

Edward Gotta M. D.
Medical Attendant.

*Address,* 1460 Eastern Ave

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85351 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Burkhardt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 1 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 211 William st

*Cause of Death,* First (Primary), Spasms

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* July 26

*Undertaker,* B. Hart

*Place of Business,* 82 North

C. L. Buddenbohm M. D.
Medical Attendant.

*Address,* 166 S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85352 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 24th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lo. Henkle

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months.* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 245 Hanover St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), "

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Balt County

*Date of Burial,* July 25 85

*Undertaker,* Chas Kirchner

*Place of Business,* 963 Light

Saml Beck M. D.

~~Medical Attendant.~~ Coroner

*Address,* 181 Eastern Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85355 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily J. Wells Ferrandis (Burials)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 12 *Days*

*Color* col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 58 Bank St

*Cause of Death,* First (Primary), .....

Second (Immediate), Spasms

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 25th 1885

*Undertaker,* W. H. Madden

*Place of Business,* Court St

James A. Stuart M. D.

Medical Attendant

Address, Dept. of Health & Registration

Edward A. Blagett

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85352 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 25 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerald Wilson Clark

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 3 Months, 17 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} (362) 362 Mosher st

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* Three (3) weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 25 1885

*Undertaker,* John S Martin

*Place of Business,* No 150 Conant

H. L. Grimm M. D.
Medical Attendant.

*Address,* 317 W Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85355 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 24. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E. Guither

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 17 Penda Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 26 1885

*Undertaker,* C. Rosenberger

*Place of Business,* 70 Hanover St

Geo. A. Fleming M. D.
Medical Attendant.

*Address,* Baltimore & Greene Sts

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85356 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 24, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Bullock

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 2 *Years,* *Months.* *Days*

*Color,* White

*Married,* ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~ {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 542 West Fayette

*Cause of Death,* First (Primary), Cancer of the uterus

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 26/85

*Undertaker,* Denny & Nichols

*Place of Business,* 550 W Fayette

[illegible] M. D.
Medical Attendant.

*Address,* 542 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. —

[over.]

# Health Department, City of Baltimore.

Permit No. 85357 *Office of Registrar of Vital Statistics.* Ward 15-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 25 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 24th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milford Howes

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nothing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give Street and Number.} 72 Church St.

*Cause of Death,* First (Primary), Hooping-Cough & Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Shadrach Cemetery

*Date of Burial,* July 25 1885

*Undertaker,* Hercules Bros

*Place of Business,* 95 Cen West St

L. D. Bogue M. D.
Medical Attendant.

*Address,* 146 Hill St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 86337 *Office of Registrar of Vital Statistics,* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 1 1885

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 31 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. E. & Frank P. Ward Parents

*Sex, Male or Female,* { Cross out the word not required in this line. } Died shortly after birth

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 204 Clifton place

*Cause of Death,* First (Primary), Lived but a few hours after birth

Second (Immediate), Feebleness of birth

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 31 st

*Undertaker* P. H. C. Windefuhl

*Place of Business,* 9 E Fremont Ave *Address,* 93 Valley

..... *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 83338 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 7, 25, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia L Cox

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days,* 1

*Color,* Mulatto

*Married, Single, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa (?)

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give street and Number.} 567 Saratoga St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 18 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Ground

*Date of Burial,* July 26/85

Wm M Carmack M. D., Medical Attendant.

*Undertaker,* STEWART & MOWEN, UNDERTAKERS.

*Place of Business,* 38 Pearl *Address,* 324 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

AFETY ▲ FILM

# Health Department, City of Baltimore.

18

Permit No. 86359 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

23

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm T. Barnett

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 5 Months, 26 Days

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 386 West St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 months,

All the above information should be furnished by the Physician.

*Place of Burial,* Mont Olivet Cemet

*Date of Burial,* July 26th 1886

*Undertaker,* J P Cook

*Place of Business,* 707 W Baltimore St

J C Burch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK S'A

# Health Department, City of Baltimore.

19

Permit No. 85360 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie L. Davidson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 ~~28~~ *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 344 Collins St

*Cause of Death,* First (Primary), Brain fever

Second (Immediate), Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* July 26th 1885

*Undertaker,* Geo R Cook

*Place of Business,* No 707 N Bethel *Address,* 584 W Fayette St

G Thurston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85361 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* 5 *Months,* 19 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Fireman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Chas. Co. Maryland

*Duration of Residence in the City of Baltimore,* 5 Years

*Place of Death,* {Give Street and Number.} 92 Chestnut st.

*Cause of Death,* First (Primary), Prostration by heat

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Aisquith Station Church Co

*Date of Burial,* July 26 1885

*Undertaker,* William Lange

*Place of Business,* 62 East St *Address,*

J. E. Gorman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3842 Hanover [over.]

# Health Department, City of Baltimore.

Permit No. 85362 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, CITY OF BALTIMORE, JUL 25 1885, BALTIMORE, MD.

*Date of Death,* July 24. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Cedonia Brown

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* 6 *Days* 1

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} # 291 Raborg

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 27 1885

*Undertaker,* William A. Engel

*Place of Business,* 62 East St. *Address,* 306 W. Fayette St.

C. M. Neff M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85363 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 31 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Brand

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 119 Chestnut Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Congestion, Coma

*Duration of Last Sickness,* 9 days. No treatment from Undertaker

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* July 25 1885

*Undertaker,* Alex D Feneley

*Place of Business,* 44 Orchard St *Address,* 973 Lexington St

John L Kemp, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[Over.]

# Health Department, City of Baltimore.

Permit No. 85364 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 25 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius Burk

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Sadler

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 Years

*Place of Death,* {Give Street and Number.} 171 Hanover St

*Cause of Death,* First (Primary), Paralysis (Partial

Second (Immediate), " Genl

*Duration of Last Sickness,*

All the above information should be furnished by the Physician

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 27th 1885

*Undertaker,* Leonhard Ruiz

*Place of Business,* N. 27 S. Bond St.

Sat. Bell M. D.
Medical Attendant

Coroner

*Address,* 101 Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 83365 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in *his* last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL TO BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 25 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Journie

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* — *Months,* — *Days*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Journalist.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} France

*Duration of Residence in the City of Baltimore,* 6 days

*Place of Death,* {Give Street and Number.} 218 W. Pratt St

*Cause of Death,* First (Primary), Sick in Panama 40 days. Kidney Disease three years

Second (Immediate), Inflammation of Brain

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 25th 1885

*Undertaker,* C. F. Kranseder

*Place of Business,* 207 Hanover *Address,* 582 W Fayette

W R McSherry M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85366 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. McCue

*Male or ~~Female~~,* {Cross out the word not required in this line.}

*e,* 28 *Years,* — *Months.* — *Days*

*dor,* Wht.

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore.* Don't Know

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Empyema,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 yrs. —

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto Cemetery

*Date of Burial,* July 25/85

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Pla *Address,* Coroner Cent. Dist.

Alexander Hill, M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85367 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 23 July 1885 Keeler

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Keeler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 67 *Years,* 1 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widower

*Occupation,* Gunsmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 42 yrs in U.S.

*Duration of Residence in the City of Baltimore,* 42 years in Balt

*Place of Death,* {Give Street and Number.} Druid Hill Ave 133

*Cause of Death,* First (Primary), Cholera morbus

Second (Immediate), Dropsy of heart

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon park Cemetery

*Date of Burial,* July 26th 1885

*Undertaker,* Dietrick Wiegand

*Place of Business,* 166 Druid Hill Ave *Address,* 211 N Howard St

L. F. Reinhard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85368 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore.* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Infant Asylum

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 1 month.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 25/85.

*Undertaker,* Robert Robinson.

*Place of Business,* Robinson & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85369 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 25 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 23/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude —

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months.* 1 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum

*Cause of Death,* First (Primary), Prolonged Labor.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 25/85

*Undertaker,* Robert Robinson

*Place of Business,* Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Returns Below, and to Rule 17 of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 85370 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or report if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUL 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 24 July

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Griefs Dress

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 9 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 10 Dover Street

*Cause of Death,* First (Primary), Abdominal Tumor

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Lebanon Church (Cemetery)

*Date of Burial,* 26 July

*Undertaker,* J. B. Cook

*Place of Business,* Baltimore Address, 211 N Howard St

A. J. Quinn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85371 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline E. Lenderking

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 7 *Months,* 11 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 191 Columbia Ave

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Prostration

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 25th 1885 C. L. Baddenhorn M. D.

Medical Attendant.

*Undertaker,* Ernst Schramm

*Place of Business,* 181 Main *Address,* 166 E. Pratt.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore. (2)

Permit No. 85372 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. P. Zorbick

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 53 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Can-maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 43 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Gillet & Mann's Canning House 54 Philpot St.

*Cause of Death,* First (Primary), ——

Second (Immediate), Apoplexy

*Duration of Last Sickness,* About Half hour

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Com.

*Date of Burial,* July 25 1885

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St *Address,* 907 S. Broadway

H. L. Dashiell Jr. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 65373 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Nathaniel Loane

*Sex, Male or Female,* {Cross out the word not required in this line.} M.

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 56 South St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 24th 1885

*Undertaker,* Alex Kinsley

*Place of Business,* 46 Orchard St *Address,* 19 Eastern Ave

I Edmunson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 55374 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 25 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1885

*Full Name of Deceased,* {White legibly and spell correctly. If an infant not named, give names of parents.} Maria Ramer

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 Yrs

*Place of Death,* {Give street and Number.} 32 N Dallas St

*Cause of Death,* First (Primary), Acute Inflammation

Second (Immediate), of Brain

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* July 26 E W Lane M. D.

Medical Attendant.

*Undertaker* Jacob Thrasher

*Place of Business,* 28 High *Address,* 85 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85375 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED JUL 24 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Rawlings

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 10 *Months,* 0 *Days*

*Color,* Light Copper

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* {Give Street and Number.} No 55 Whatcoat st

*Cause of Death,* First (Primary), Hot weather

Second (Immediate), Cholera Infantum with Dentition

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. St. Cemetery

*Date of Burial,* July 24 1885

*Undertaker,* S Mchase

*Place of Business,* 198 Harrison

Benj F Baker M. D.
Medical Attendant.

*Address,* Cor Greene & Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85376 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hain

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* — *Months,* 7 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bavaria U. S.

*Duration of Residence in the City of Baltimore,* 39 Years

*Place of Death,* {Give Street and Number.} 187 West Pratt Street,

*Cause of Death,* First (Primary), Cancer Uteri.

Second (Immediate),

*Duration of Last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 27th 1885

*Undertaker,* Ernest Schlosser

*Place of Business,* 181 Sharp St. *Address,* 76 Paca St

D H Lucy M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 83377 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J. Ackenbach

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* 42 *Years,* One *Months,* 8 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation* Dressmaker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* { Give street and Number. } 305 Franklin St.

*Cause of Death,* First (Primary), Brights disease

Second (Immediate), General Dropsy

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* July 27th 1885

*Undertaker* G. Lavio Schaefer

*Place of Business,* 109 N Fremont

W. Christian M. D.
Medical Attendant.

*Address,* 506 Mad. Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85378 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Mitchel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 11 *Months,* 8 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 6 May St. Ct.

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 25th 1885

*Undertaker,* W. Gaddess

*Place of Business,* 246 East Lee

E. B. Fenby M. D.
Medical Attendant.

*Address,* 283 N. Eden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 83379 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 3 Months, Days

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B City

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give Street and Number.} 52 Race St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* July 25/85

*Undertaker,* Geo W Perkins

*Place of Business,*

Robt Cecil M. D.
Medical Attendant.

*Address,* 213 Light

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85380 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin F. Duffy

*Sex, Male or Female,* {Cross out the word not required in this line.} Mald

*Age,* 18 *Years,* *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 358 Eastern ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 27th 1885

James L. McShane M. D.
Medical Attendant.

*Undertaker,* M. Clarke & Son

*Place of Business,* 92 S. Arch *Address,* 417 E Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85-381 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Anthony

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days*

*Color,*

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 11 Sassafras St.

*Cause of Death,* First (Primary),

Second (Immediate), Dysentary

*Duration of Last Sickness,* 12 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 27 1885

*Undertaker,* John Hannig

*Place of Business,* 382 Orleans St *Address,* 359 Barre St

Tyler Smith M. D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85382 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen A. Bond

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 8 *Months.* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 1342 N Gilmor —

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 1342 N Gilmor

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* one week.

All the above information should be furnished by the Physician.

*Place of Burial,* German Lutheran Lem Druid Hill Park

*Date of Burial,* July 27th

*Undertaker,* Wm J. Tretner

*Place of Business,* 85 S. Eutaw St

G W Stones M. D.
Medical Attendant.

*Address.* 193 Pennsylvania

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85383 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta A. Berlhaar

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 19 *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Child

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 62 East Hanford St

*Cause of Death,* First (Primary), Fall = "Accident"

Second (Immediate), Concussion of brain

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* July 27

*Undertaker,* W. Lippel

*Place of Business,* 8 Bond St

Attended Thursday M. D.

Medical Attendant.

*Address,* 88 S Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85384 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard L Coleman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 4 *Days*

*Color* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 1 Perkins alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 26th 1885

*Undertaker,* William H Bishop

*Place of Business,* Pennsylvania Ave

James A Steuart M. D.

~~Medical Attendant.~~ Coroner

Address, Com. of Vital Statistics

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition whether married or single of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 5385 — *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 25 1885 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 25, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmonia E. Wiley

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 8 *Months.* *Days*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 95 Fort Stuart St.

*Cause of Death,* First (Primary), Over dose of

Second (Immediate), Muriate of Morphia

*Duration of Last Sickness,* about 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 26/85

*Undertaker,* STEWART & BOWEN

*Place of Business,*

John A. Jones M. D.

Coroner ~~Medical Attendant~~

*Address,* 326 Holliday St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 85386 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

C

HEALTH DEPARTMENT JUL 25 1885

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Morton Ruddington

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 3 *Days,*

*Color,* White

~~Married Single Widow Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} # 219 Light St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} # 219 Light St

*Cause of Death,* First (Primary), Congenital obstruction of Bowels

Second (Immediate), Inflammation

*Duration of Last Sickness,* 3 days

the above information should be furnished by the Physician.

*Place of Burial* St Peters Cem.

*Date of Burial,* July 26th 1885

Geo. H. Benson M. D.
Medical Attendant.

*Undertaker* C. F. Krauss & Son

*Place of Business,* 209 Hanover Address, # 166 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85387 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25. 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lehn Roemer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1-2 *Years,* ..... *Months,* 22. *Days*

*Color,* White.

*Married, ~~Single, Widow or Widower.~~* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 7 years.

*Place of Death,* {Give Street and Number.} 29 Dover St.

*Cause of Death,* First (Primary), Heat

Second (Immediate), Apoplexy.

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 27 85

L. R. Wilson M. D.

Medical Attendant.

*Undertaker,* John C. Coulis

*Place of Business,* #66 Frod. Ave *Address,* 837 W. Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85388 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 25 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie L. McCoy

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 203 E. Pratt St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity C.

*Date of Burial,* July 26th

*Undertaker,* H. Leitch

*Place of Business,* 15 S. Bond

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 E. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85389 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Cullerton

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* about 32 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Potter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Four Years

*Place of Death,* {Give Street and Number.} Cor Boston & Patapsco St

*Cause of Death,* First (Primary), Comp Fracture of the L Fem.

Second (Immediate), Compression of the Brain

*Duration of Last Sickness,* Few minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Trenton N. J.

*Date of Burial,* July 28th 85

*Undertaker,* C. J. Francis

*Place of Business,* Hanks & Wolfe *Address,* 108 Lexington St

E. Hall Rutter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3823 Trans [OVER.]

# Health Department, City of Baltimore.

Permit No. 68390 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore McLewee

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 2 yrs 9 Months

*Place of Death,* {Give Street and Number.} Lancaster & Bond Sts

*Cause of Death,* First (Primary), Crushing of the Skull

Second (Immediate) Run over by Street Car.

*Duration of Last Sickness,* ?

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 26 85

*Undertaker,* G. Franz

*Place of Business,* Evans & Wolfe St. *Address,* 346 S. Bond St.

L. J. Hoffman M. D.
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85391 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* — *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} √

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 625 Bruce St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 1 Week

All the above Information should be furnished by the Physician.

*Place of Burial,* Shamp Hill

*Date of Burial,* July 26 1885

*Undertaker,* A. F. Hennighy

*Place of Business* 116 Orchard St

*Address,* 1460 Hanover St

Thos Opie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 88392 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Burley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* — *Months.* — *Days*

*Color,* Colored

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} 42 Greenberry St

*Cause of Death,* First (Primary), Senile Debility

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* July 26th 1885

*Undertaker,* Adam Hensley

*Place of Business,* 116 Archard *Address,* 335 N. Eutaw St

W. F. Tuyon M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 85-393 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 26 1885 BALTIMORE

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Harris

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 60 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give Street and Number.} 477 Aisquith st

*Cause of Death,* First (Primary), .....

Second (Immediate), Paralysis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* July 26th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

M. B. Bibby M. D.
Medical Attendant.

*Address,* 228 E. Pratt st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85394 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 28 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L Bookholt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 10 *Months.* 14 *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 612 S Charles St

*Cause of Death,* First (Primary),

Second (Immediate), Bright's Disease of the Kidneys

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 27

*Undertaker,* F J Wade

*Place of Business,* 61 West St

Medford Otis M. D.
Medical Attendant.

*Address,* 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

Permit No. 86-395 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 26 BALTIMORE

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Marousek

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Restaurant & Hotel keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bohamia

*Duration of Residence in the City of Baltimore,* 5 1/2 years

*Place of Death,* {Give street and Number.} 8 Lawson Street. S Point.

*Cause of Death,* First (Primary). Overcome with Heat.

Second (Immediate).

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemia Cem. Philá. Road.

*Date of Burial,* July 27. 1885 E W Janney M. D.

Medical Attendant.

*Undertaker* Handel & Son

*Place of Business,* 252 Caroline Address, 80 Canton St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85396 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Olash

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* / *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} # 192 S. Durham St

*Cause of Death,* First (Primary), Entero-colitis

Second (Immediate),

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens Cem

*Date of Burial,* July 26 85

*Undertaker,* F. Cook & Co

*Place of Business,* 215 S Gay St

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Aisquith St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

(20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85-397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Jul. 25-th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Amelia Dorsey

*Sex, Male or Female,* {Cross out the words not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 5 weeks *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Myrtle Avenue No 317 r

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,) Heart

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 26

*Undertaker,* C H Blizzard

*Place of Business,* 201 Pen ave

..... *M. D.*
Medical Attendant.

*Address.* R J Hall
No 54 Charles St Ave

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

# Board of Health, City of Baltimore,

Permit No. 85398 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1885

*Date of Death,* July 25 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Virginia Hiegand

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* .... 2 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 550 Druid Hill Ave

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 550 Druid Hill Ave

*Cause of Death,* First, (Primary,) Debilitation

Second, (Immediate,) Prostration

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park

*Date of Burial,* July 27

*Undertaker,* C A Blizzard

*Place of Business,* 2[illegible] Pine Ave

Wm E Hiegand M. D.,
Medical Attendant.

*Address,* 550 Druid Hill Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie E. Rutter

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* 1 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} Cor Dolphin & Division St

*Cause of Death* First, (Primary,) Chol. Morbus Complicated by

Second, (Immediate,) Cystitis Collapse -

*Duration of last Sickness,* 4 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 27

*Undertaker,* Chr Blizzard

*Place of Business,* 291 Pine ave

F. J. Flannery *M. D.*
Medical Attendant.

*Address,* Cor Wilson & Division

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 85400 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Child of Wm & Etta Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 2 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life.

*Place of Death,* {Give Street and Number.} 40 Pitcher St.

*Cause of Death,* First (Primary), Gastro enteritis.

Second (Immediate), Cerebral congestion.

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 27th 85

*Undertaker,* J. E. Blanchard

*Place of Business,* 298 Lemmon Av. *Address,* ...

E. Richter *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8540 / *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 85. John Andrachy

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~John~~ Andrachy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~20~~ 35 *Years,* —— *Months,* — *Days*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 13 yrs.

*Place of Death,* {Give Street and Number.} Univ. Hospital

*Cause of Death,* First (Primary), Angina Pectoris

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shepardstown W Va

*Date of Burial,* July 27th 1885

*Undertaker,* J. E. Conaghy & Co

*Place of Business,* 298 Penn Ave *Address,* Univ Hospl

R. B. Waitzfelder M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3824

# Health Department, City of Baltimore.

Permit No. 88402 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1865

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Connolly

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 39 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give Street and Number.} No 412 Wolf St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cirhosis of Liver

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* July 26th 1865

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Leeds *Address,* 151 Hanover St

D. C. Burdett M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85403 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 27 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alayseia

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months.* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents Asylum.

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* One wk.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* July 27 /85

*Undertaker,* J E Lough

*Place of Business,* 298 Saratoga Address, Cor Wilson & Division

Frank J Flannery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 852404 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 27 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Wheeler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Dockman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* About Five Years

*Place of Death,* {Give Street and Number.} Cor Lough & Stiles Sts

*Cause of Death,* First (Primary), Pleumonia

Second (Immediate), Heart Trouble

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Hendon Gallo Co Md

*Date of Burial,* July 28th

*Undertaker,* Wm Boyd

*Place of Business,* [redacted] *Address,* 107 Dis Jones

E Hall Mullin M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85405 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 27 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Amos

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give Street and Number.} 126 Greenmount ave.

*Cause of Death,* First (Primary), Excessive Heat

Second (Immediate), Gastritis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 27th

*Undertaker,* H. C. Wildefeld

*Place of Business,* 60 Greenmount Address, 283 N. Eden St

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as near as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85406 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Meisel, wife of Jacob.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* 2 *Months,* 15 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* House wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give Street and Number.} 119 Eastern Ave

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Effects of Heat

*Duration of Last Sickness,* Two hours — "Over"

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* July 28th 1885

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave *Address,* 88 E Balto St

A Lippe Shortess M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85407 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna S. Powers

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~4~~ *Years,* 8 *Months,* 3 *Days* 1

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Infant

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 8 months and 8 days

*Place of Death,* {Give Street and Number.} 1429 N. Stricker St

*Cause of Death,* First (Primary), Enteritis, Cholera Infantum

Second (Immediate), Meningitis

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peter's Cemetery

*Date of Burial,* July 27 / 85

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N. Fremont St

James H. Stokes — M. D.
Medical Attendant.

*Address,* 1429 N. Stricker St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 852408 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 27 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 — 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. Pitts

~~Sex,~~ *Male* ~~or Female~~, { Cross out the word not required in this line. }

*Age,* ~~Mos~~ 30 *Years,* — *Months,* — *Days*

*Color,* ~~Mul~~ Col

~~Married~~, *Single*, ~~Widow or Widower~~, { Cross out the words not required in this line. }

*Occupation,* Stewark on a vessel

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Va.

*Duration of Residence in the City of Baltimore,* 4 yrs.

*Place of Death,* { Give Street and Number. } St. & Bowleys Wf.

*Cause of Death,* First (Primary), Intemperance

Second (Immediate), Asphyxia from drowning Instant death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balt Cemetery

*Date of Burial,* July 27/85

Alex Hill, M. D.
Medical Attendant.

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Black *Address,* Coroner Cent. Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85409 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 27 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Deckmyer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Leather finisher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Three (3) days

*Place of Death,* {Give Street and Number.} N. 7 Donahue's Court

*Cause of Death,* First (Primary) Suicide by Cutting Jugular Vein & Carotid Artery

Second (Immediate), Hemorrhage

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetery

*Date of Burial,* July 27/1885

*Undertaker,* Geo Rittlar

*Place of Business,* Forest Place *Address,* 188 Aisquith

E. Shoemaker M. D.
~~Medical Attendant~~
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85410 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie V. Hart.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 5 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 433 Cross st

*Cause of Death,* First (Primary), Spasms

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 27, 1885

*Undertaker,* J. F. Byrne

*Place of Business,* 63 W. Front St

C. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Shore st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 85411 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 27 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Mary Hartigan~~ Margaret McIntyre

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 91 *Years,* ~~*Months,*~~ ~~*Days.*~~

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland.

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* { Give street and Number. } Aged Women Home Lexington St

*Cause of Death,* First, (Primary,) Softening of Brain

Second, (Immediate,) One year

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Mt Olivet Cem

*Date of Burial,* July 27th

*Undertaker,* W. H. Jenkins & Sons

*Place of Business,* Park & Saratoga sts *Address,* 251 Mad Ave

S. M. Wilson M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 85412 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Geyer Snowden

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* 28 *Days,*

*Color,*

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation* Grain Commission Business

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give street and Number.} 243 McCulloh St Baltimore

*Cause of Death,* First (Primary), Cystitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

the above info mation should be furnished by the Physician.

*Place of Burial,* Green Mount Cy

*Date of Burial,* July 28th 1885

F. F. Miles M. D.
Medical Attendant.

*Undertaker* STEWART & MOWEN UNDERTAKERS, 86 Park Ave.

*Place of Business,* STEWART & MOWEN UNDERTAKERS, 86 Park Ave.

*Address,* 28 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Ward 13

Permit No. 85213 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 27 1885

57

## CERTIFICATE OF DEATH.

*Date of Death,* July 25. '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Drum

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 40 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married,* ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland, 17 yrs

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Peters

*Date of Burial,* July 28

*Undertaker,* John F Lowan

*Place of Business,* 89 Holliday

C W Mitchell M.D.

Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

# Health Department, City of Baltimore.

Permit No. 85244 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 — "85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H Brown

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* — *Months.* — *Days* 7

*Color,* Wht.

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Stone-cutter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give Street and Number.} No. 197 N. Exeter

*Cause of Death,* First (Primary), Heat & Alcoholism

Second (Immediate), Congestive Apoplexy.

*Duration of Last Sickness,* 10 & 15 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 27, 1885.

*Undertaker,* G. H. Hickman

*Place of Business,* 234 N. Gay St.

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85415 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delores Kellum

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 166 N. Dallas n

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Acute Meningitis

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 27 1885

*Undertaker,* Wilmot Tingle

*Place of Business,* 62 East St

Wm E. Russell M. D.
Medical Attendant.

*Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85416 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Gottliebina Smith

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 81 Yrs

*Place of Death,* {Give Street and Number.} 233 So Eutaw St

*Cause of Death,* First (Primary), Senile debility

Second (Immediate), Pneumonia

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* July 27

*Undertaker,* Dietrick Weigand

*Place of Business,* 166 Druid Hill Ave

L. A. Bell M. D.
Medical Attendant

*Address,* 16 So Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Instructions printed on the back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85417 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad C. Klaus

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 92 Union st

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Meningitis

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's

*Date of Burial,* July 28 1885

*Undertaker,* A. B. Brenberger

*Place of Business,* 70 Lombard

C. L. Buddenbohm M. D.
Medical Attendant.

*Address,* 166 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 8574/18 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* 26 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Eysden

*Sex, Male* ~~*or Female.*~~ {Cross out the word not required in this line.}

*Age,* ~~23~~ *Years,* 13 Months ~~Months.~~ 11 *Days.*

*Color,* White

~~*Married.*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 25 Frederick st

*Cause of Death.* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* July 27 1885

*Undertaker* H. Bender Jr

*Place of Business,* 252 Canton

John Gloom M. D.
Medical Attendant.

*Address,* 125 Aisquith st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 85419 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 26th July 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fahey.

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* Sixty two 62 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Tailor and Lamp lighter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* about twenty five 25 years.

*Place of Death,* {Give Street and Number.} No 223. Park avenue, Balto,

*Cause of Death,* First (Primary), phthisis.

Second (Immediate), exhaustion

*Duration of Last Sickness,* about 6 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* July 28th 1885

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St *Address,* 47 Franklin St.

W C Van Bibber M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85420 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Petzold

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* — *Months,* — *Days.*

*Color,* white

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 109 Sharp St

*Cause of Death,* First (Primary), Cholera morbus

Second (Immediate), Exhaustion from excessive heat

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 28th 1885

Chas F. Hewes M. D.
Medical Attendant.

*Undertaker,* Ph. Seewald

*Place of Business,* 35 S. Eutaw St *Address,* 68 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 8572/ *Office of Registrar of Vital Statistics.* 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 26. 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M. Hankey

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* ..... *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } 183 N. Paca St.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 183 N. Paca St.

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.)

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* July 27th 1885

*Undertaker,* E. & T. Scriven

*Place of Business,* 271 W. Eutaw St

Marbury Brewer M.D.,
Medical Attendant.

*Address,* 68 McCulloh St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8527 22 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betsey Jackson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 90 *Years,* — *Months,* — *Days*

*Color,* Black

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Annearundel Co. Md.

*Duration of Residence in the City of Baltimore,* Fifty Years

*Place of Death,* {Give Street and Number.} No. 8 Herring Court

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* Two Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas Cemetary

*Date of Burial,* July 27th

*Undertaker,* John C Grace

*Place of Business,* Carroline St 142

C Hall Rutledge M. D.
Medical Attendant.
Coroner

*Address,* 108 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 85423 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 27 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Edward Robinson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 mos *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 11 Upton St

*Cause of death,* First, (Primary,) Some kind of diarrhoea

Second, (Immediate,)

*Duration of Last Sickness,* Four or five days - has been seen by me once each day ago.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 29th 85

*Undertaker,* Chas. T. Scriven

*Place of Business,* 271 N. Eutaw

J. P. Haythmith M. D.,
Medical Attendant.

*Address,* 229 Tennessee St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 85494 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Cummings

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days,*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 33

*Place of Death,* {Give street and Number.} 620 West Pratt St

*Cause of Death,* First, (Primary) Prostration from Heat

Second, (Immediate,) Effects of Heat

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 27th 1885

*Undertaker,* M. Gatchell

*Place of Business,* 227 Mulberry St

Chas Bell M. D.,
~~Medical Attendant.~~
Coroner

Address, 161 E Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 85426 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

## CERTIFICATE OF DEATH.

*Date of Death,* July 26.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert McGee

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland, 25 yrs.

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Exhaustion

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 27th 1885

*Undertaker,* Matthew Cadugan

*Place of Business,* 227 Mulberry St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85426 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Davison

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 — *Years,* 2 *Months,* 15 *Days,*

*Color,* white.

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.} V

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* 2 yrs +

*Place of Death,* {Give street and Number.} 23 Washington ave

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Septicaemia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 27

*Undertaker,* B. Hark

*Place of Business,* 82 west 3d

Geo A Graves M. D.,
Medical Attendant.

*Address,* 226 Montgomery

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore:***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85727 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Latcha

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5-6 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* About 3 5 Yrs.

*Place of Death,* {Give Street and Number.} 10 Burrough St

*Cause of Death,*
First (Primary),
Second (Immediate), Bilious Dysentery

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 28th

*Undertaker,* B. Härle

*Place of Business,* 82 West st

Robert S. Lowe M. D.
Medical Attendant.

*Address,* 333 Light St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85428 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Grant

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 2 *Days* 1

*Color,* White

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* June 21 dys

*Place of Death,* {Give Street and Number.} 108 Gross St

*Cause of Death,* First (Primary), Chrun Dysentery

Second (Immediate), Asthenia

*Duration of Last Sickness,* 12 dys

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* July 28

*Undertaker,* B. Y. Hall

*Place of Business,* 52 Mert St

C. J. Stupak M. D.
Medical Attendant.

*Address,* 335 N. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85429 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial; within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Edwin Stark.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* {Give Street and Number.} 239 Lexington St.

*Cause of Death,* First (Primary), Erysipelas of Body & Extremities

Second (Immediate), Convulsions,

*Duration of Last Sickness,* 19 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 28

*Undertaker,* Walter Emmel

*Place of Business,* 315 W. Pedden

Jno. D. L. Wright M. D.
Medical Attendant.

*Address,* 233 Lexington St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85430 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

18B

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bishop

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Varnisher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 Years.

*Place of Death,* {Give Street and Number.} 309 W. Bond St.

*Cause of Death,* First (Primary), ———

Second (Immediate), Sun Stroke

*Duration of Last Sickness,* Few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemetery

*Date of Burial,* July 27, 1885

*Undertaker,* Henry Hoelk

*Place of Business,* 309 N. Central ave *Address,* 105 W. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 8543 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Hirsch

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 25 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 5 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 339 Hanover

*Cause of Death,* First (Primary), Desolation (Exhaustion)

Second (Immediate), Hypostatic pneumonia

*Duration of Last Sickness,* 2½ hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemetery

*Date of Burial,* July 27, 1885

*Undertaker,* Henry Hoelk

*Place of Business,* 309 N Central ave

H O Reed M. D.
Medical Attendant.

Address, 1 Eutaw Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Blanks on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85732 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Hall

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

*Duration of Residence in the City of Baltimore,* 17 yrs

*Place of Death,* {Give Street and Number.} 205 E. Pratt St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 18 mos

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 27, 1885

*Undertaker,* M. A. Dagen

*Place of Business,* 74 S. Bway

Geo B. Reynolds M. D.
Medical Attendant.

*Address,* 1712 Carlton St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia M Rogers

*Sex, Male or Female,* {Cross out the word not required in this line,} Female

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number.} 211 Presstman St.

*Cause of Death,* First (Primary,) Fatty degeneration of Heart

Second (Immediate,) Cerebral & Pulmonary Angeitis

*Duration of Last Sickness,* About 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* July 28th 1885

*Undertaker,* Jno. A. McCoy

*Place of Business,* 14 West Fayette St

A. A. Scarff M. D.
Medical Attendant.

*Address* 707 N. Centre St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 85434 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} A. P. Cook

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 8 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 452, Federal St. Balto, Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 452 Federal St City Balt.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 16 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Balto Md

*Date of Burial,* July 28th 1885

*Undertaker,* [illegible]

*Place of Business,* [illegible] Baltimore

J. H. Robinson M. D

Medical Attendant.

*Address,* 252 Greenmount Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3825 Fremont [OVER.]

# Board of Health, City of Baltimore,

Permit No. 85435 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1 3 2

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Stephen D. Cook

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 18 *Years,* 1 *Months,* 9 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation* Boy

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* { Give street and Number. } 116 S Central Ave

*Cause of Death,* First (Primary). Heat

Second (Immediate). Congestion of Brain

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* N. W. Cemetery

*Date of Burial,* July 27, 1885

*Undertaker* Henry McGinnis

*Place of Business,* 3 N. Central Ave

A. L. Shertzer M. D.
Medical Attendant.

*Address,* 882 Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8436 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

03

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmeke Ma. Lang

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* ~~11~~ Ten *Months,* One *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U. S.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 117 Fairmount av

*Cause of Death,* First (Primary), Cholera Infantum — Millet's

Second (Immediate), Asthenia

*Duration of Last Sickness,* Four (4) days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* July 27 1885

G. Winslow M. D.
Medical Attendant.

*Undertaker,* John Henning

*Place of Business,* 382 Orleans St *Address,* 117 So. Bond st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 88743 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 '83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} alice J. Ebaugh

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} York Pa.

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give Street and Number.} 40 Hopkins ave

*Cause of Death,* First (Primary), Suddenly of

Second (Immediate), Heart disease

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 29th 1883

*Undertaker,* Henry H. Mears

*Place of Business,* 45 N Gay St

Wm A. Jones M. D.

Coroner ~~Medical Attendant.~~

*Address,* 326 Hollins St. city.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85438 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Gray

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 1/ *Years,* *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Coal Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 2 Edmondson ave

*Cause of Death,* First (Primary), Softening of Brain

Second (Immediate),

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* July 27th 1885

*Undertaker,* Penny & Metcalf

*Place of Business,* 556 W Fayette st *Address,* 1 Edmondson ave

J H Buchanan *M. D.*
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 85239 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Kümmelmann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Plasterer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 47 yrs.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 316 Eastern ave.

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate), Inflammation of Stomach

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mathews Cem

*Date of Burial,* July 27th 85

*Undertaker,* G. France

*Place of Business,* Gant & Wolfe *Address,* 30 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore.

Permit No. 83740 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

8

# CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schaaf

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 308 Lancaster St

*Cause of Death,* First (Primary), Childbirth

Second (Immediate), Hemorrhage

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 29th 85

*Undertaker* G. Franz

*Place of Business,* 9 Gant & Wolfe St *Address,*

J. F. Martin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85241 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 27 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Hax.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* 68 *Years,* 5 *Months.* *Days*

*Color,* White.

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married.

*Occupation,* Contractor.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 53 years

*Place of Death,* {Give Street and Number.} 117 N Caroline St.

*Cause of Death,* First (Primary), Organic Heart Disease.

Second (Immediate),

*Duration of Last Sickness,* Several Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 29 1885

*Undertaker,* J H Sanders Jon

*Place of Business,* 252 Baltimore St

R. W. Cathell M. D.
Medical Attendant.

*Address,* 2 W Brantley

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85464 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Hute

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* ..... *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 66 E. Madeira al.

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks cem

*Date of Burial,* July 27 1885

James L. O'Shaw M. D.
Medical Attendant

*Undertaker,* Wm. Sander & Son

*Place of Business,* 252 Canton Av *Address,* 417 E. Pratt Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85443 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 26th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Kahn.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2. *Months,* 6 *Days*

*Color,* white

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since Birth.

*Place of Death,* {Give Street and Number.} 528 E Chase St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery Phila Rd

*Date of Burial,* July 28 [redacted]

*Undertaker,* A.O.R. Bandell

*Place of Business,* York Rd + 6th

Thomas J Simms M. D.
Medical Attendant.

*Address,* 242 L. Biway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85444 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Trelenberg

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 10 Months, 26 Days

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 3 Shakespeare Street Alley.

*Cause of Death,* First (Primary), ....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity M. Cemetery

*Date of Burial,* July 27th

*Undertaker,* Jno Diesel

*Place of Business,* 151 E. Bond

A. V. Gowdier M. D.
Medical Attendant.

*Address,* 96 S. Amn St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85445 *Office of Registrar of Vital Statistics.* Ward 6 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hadley Kramer

*Sex, Male or Female,* {Cross out the word not required in this line.} M.

*Age,* ..... *Years,* ..... *Months,* 1 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 371 N. Washington St.

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 27th

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Sq. Address, 186 Aisquith St.

H. G. Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85446 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos E Robinson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 570 Aisquith st

*Cause of Death,* First (Primary), Enteritis

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 28th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

M. B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Preston st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85747 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S OFFICE JUL 27 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 25th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melinda Howard

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 105 Years, (Said to be) Months, Days.

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md

*Duration of Residence in the City of Baltimore,* Four years

*Place of Death,* {Give street and number.} 61 Pine alley

*Cause of death,* First, (Primary,) Paralysis

Second, (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cemetery

*Date of Burial,* July 28th 1885

*Undertaker,* Jas H. Mc Shane

*Place of Business,* 198 S. Howard St

Wm Jackson Evans M. D.,
Medical Attendant.

*Address,* Harlem & Carey

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85448 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Miller

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* One *Years* 10 *Months* *Days*

*Color,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~. {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 215 Cohen Street

*Cause of Death,* First (Primary), convulsions

Second (Immediate),

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetry

*Date of Burial,* 28 July

*Undertaker,* Henry Hoeck

*Place of Business,* 309 Central Av

Daniel Powell M. D.
Medical Attendant.

*Address,* 29 Fisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Notices Below, and to [illegible]

# Board of Health, City of Baltimore.

Permit No. 85249 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 26/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Schuman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3/ *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* {Give street and Number.} Cholera Jefferson Street E. of Ch

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alfonsius Cemtry

*Date of Burial,* 27 July

*Undertaker* Henry Hoeck

*Place of Business,* 309 Central Av *Address,*

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 852450 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Mahoney

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Employee - B.&O. R.R.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 16 Years -

*Place of Death,* {Give Street and Number.} Camden Station B&O R.R.

*Cause of Death,* First (Primary), Injuries received - from being Accidentally Struck by an - Second (Immediate) Engine at B&O R. at Camden Junction - July 26th 85.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 28th 1885

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Hillberry

S. A. Bell M. D

~~Medical Attendant~~ Coroner

Address, 161 E. Eager St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85745 / *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 27 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev L. S. Mallon

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ / ~~Female~~

*Age,* 51 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ / ~~Widow~~ / ~~Widower~~

*Occupation,* Priest

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} S. E. Cor Edmondson Ave & Schroeder

*Cause of Death,* First (Primary), Cirrhosis of the Liver

Second (Immediate), with Dropsy

*Duration of Last Sickness,* Sick for 3 years last illness about Six weeks —

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Savage Md

*Date of Burial,* July 28/1885

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 W Mulberry

Chas F Mitchell M. D.
Medical Attendant.

*Address,* 283 N. Limit

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3826 Frank

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85452 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 27 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Burgoff.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 5 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 25 Hoak St.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Cerebral Congestion.

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 27/87

*Undertaker,* L. Hales.

*Place of Business,*

Edwd L. Stein M. D.
Medical Attendant.

*Address,* 273 Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lancaster Lancaster

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 4 Months, 5 Days.

*Color,* Colored *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} 79 Dover st

*Cause of Death,* First (Primary,)

Second (Immediato,) Cholera infantum

*Duration of Last Sickness,* 6 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharpe Leadenhall Cem. Dr Nelson M. D.

*Date of Burial,* July 28 1885 Medical Attendant.

*Undertaker,* Hercules Bon

*Place of Business,* 95 Eon Wayst *Address* 282 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 85454 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria J. Fisher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co.

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and Number.} 199 Pierce St.

*Cause of Death,* First (Primary), R. Phthisis

Second (Immediate), L. Pneumonia

*Duration of Last Sickness,* 1 week.

All the above information should be furnished by the Physician.

*Place of Burial* Sharpt Cemetery

*Date of Burial,* July 28 1885

*Undertaker* Hercules Bros

*Place of Business,* 95 Can Wayne Ave *Address,* 316 Franklin

L. L. Bond M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85455 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 28 1885

9

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu E. Morgan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 8 *Years,* 4 *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Whole life.

*Place of Death,* {Give Street and Number.} 42 N Libert St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), —

*Duration of Last Sickness,* 4 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Grafton W Va

*Date of Burial,* July 28th 1885

*Undertaker,* John J Andrews

*Place of Business,* 1676 Druid Hill Ave

Thomas Opie M. D.
Medical Attendant.

*Address,* 179 N. Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Trans - 3827

The Special Attention of Physicians is respectfully invited to the following [illegible]

# Health Department, City of Baltimore.

Permit No. 85456 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 28 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Travers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~* {Cross out the words not required in this line.}

*Occupation,* Telegraph Operator & clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} [illegible]

*Duration of Residence in the City of Baltimore,* Since Boyhood

*Place of Death,* {Give Street and Number.} 21 Heath St

*Cause of Death,* First (Primary), Bronchial Consumption

Second (Immediate), Convulsions

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Leder Hill

*Date of Burial,* July Th 29

*Undertaker,* Bernard Hare

*Place of Business,* No 92 West St *Address,* 60 Warren Ave

E D Ille M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85457 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Good

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* —— *Months.* Six *Days*

*Color,* Weith

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 357 N Canal St

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate),

*Duration of Last Sickness,* 9 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Home Cemetery

*Date of Burial,* July 29 1885

*Undertaker,* James O Byrne

*Place of Business,* 412 N Front St

R Holmes M. D.
Medical Attendant.

Address. Cor Bay & Carlton Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

(4

**Permit No.** 85458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 26. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Augustine Montevendo

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give street and number.} 62 President St.

*Cause of Death,* First (Primary,) Exhaustion. Superinduced

Second (Immediate,) by heat.

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 29 1885

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Front St

J. H. Scarff M. D.
Medical Attendant.

*Address* 917 N. Centre St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 85459 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O'Neal

*~~Sex,~~ Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 75 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore.* 33 years

*Place of Death,* {Give Street and Number.} 63 Granby St.

*Cause of Death,* First (Primary), Chol. Morbus

Second (Immediate), Asthenia

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae cemetery

*Date of Burial,* July 29 1885

*Undertaker,* James O Byrne

*Place of Business,* No 63 n Gay St

Wm H Norris M. D.
Medical Attendant.

*Address,* 154 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85460 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Hofstetter

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Woman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Over 30 years

*Place of Death,* {Give Street and Number.} # 118 Sterling Street

*Cause of Death,* First (Primary), Colon

Second (Immediate), Peritonitis & Exhaustion

*Duration of Last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* 28th July 1888

*Undertaker,* L. L. Yeiser

*Place of Business,* 60 Eutaw St

E. Hall Rudisill M. D.

~~Medical Attendant.~~ CMR

Address 118 Sterling St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 83761 *Office of Registrar of Vital Statistics.* , Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE JUL 28 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alice Randolph

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Entire

*Place of Death,* {Give Street and Number.} N. Chas nr Shields Alley

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 29th 1885

*Undertaker,* Alex Heisler

*Place of Business,* 116 Orchard St *Address,* N. Chas Nr 16

Edw Ward M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85462 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 28 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Stephie Heckmeyer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 y 5

*Place of Death,* {Give Street and Number.} 244 West Pr,

*Cause of Death,* First (Primary), Enteritis

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* July 28th 1885

*Undertaker,* Jno A McCoy

*Place of Business,* 422 W Fayette st

Wm Edel M. D.
Medical Attendant.

*Address,* 213 S Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Fill up Blanks as Date of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85463 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Chaman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 30 Williams St

*Cause of Death,* First (Primary), Prostrated by Heat

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* 12 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 28th 1885

*Undertaker,* Armstrong & Lee

*Place of Business,* 263 Light Address, 50 Wallace Av

J. B. Hill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85464 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt E. Simpson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ~~*Months.*~~ 2 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 49 Wyeth

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 28th 1885

*Undertaker,* John Schaefer

*Place of Business,* No 15 Oliver

A L Simon M. D.
Medical Attendant.

*Address,* 387 W Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85765 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 27th. July 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Czyzewski

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 29 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give Street and Number.} S. Ann Street 127

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* H. O. Grounds Gin'ti

*Date of Burial,* July 28. 85

*Undertaker,* F. Cioch & Co

*Place of Business,* 918 E Gay St

William Hensel M. D.
Medical Attendant

*Address,* S. Wolfe St. 107

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

K SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85266 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Bokovich

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... 1 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City Since Birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} H 187 S Caroline St.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* H Olphouses Limits

*Date of Burial,* July 29 85

*Undertaker,* F Crook & Co

*Place of Business,* 115 S Bond St

John H Kehlenbeck M. D.
Medical Attendant.

*Address,* 243 Aliceanna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85467 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 28 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Labb

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* Col'd.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 18 Vincent alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem[illegible]

*Date of Burial,* July 28 1885

*Undertaker,* W H Bischoff

*Place of Business,* 97 Druid Hill Ave.

J Hanson Hill M. D.
Medical Attendant.

*Address,* 127 Arlington Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85468 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE JUL 28 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 11 *Months,* ..... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 87 N Spring

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Clusbury Ever Green cemetery

*Date of Burial,* July 28th 1885

*Undertaker,* W Burt Bingee

*Place of Business,* 62 East St

..... *M. D.*

Medical Attendant.

*Address,* 137 N Gay

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 85769 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 28 1885

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Tate

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* *Years,* 10 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Infant

*Occupation* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Since Life

*Place of Death,* { Give street and Number. } 1 Hoffman Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry Lutheran Green cemetery

*Date of Burial,* July 28th 1885

*Undertaker* Wm V Pringle

*Place of Business,* 62 East St

Whitefield Winsey M. D.
Medical Attendant.

*Address,* 1162 Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85470 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 23 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 27/83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Weston

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 8 *Months,* 4 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 16 yrs -

*Place of Death,* {Give Street and Number.} 288 McDonough St.

*Cause of Death,* First (Primary), Sub acute Rheumatism

Second (Immediate), Inflammation of bowels

*Duration of Last Sickness,* About one year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 30th

*Undertaker,* Geo Schilling

*Place of Business* Ashland & Eutaw *Address,* 52 & Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85471. *Office of Registrar of Vital Statistics.* Ward 7th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Deimel

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 60 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 years

*Place of Death,* {Give street and Number.} 315 E. Chase st.

*Cause of Death,* First (Primary), Hypertrophy of Heart with

Second (Immediate), Dilatation & Anasarca,

*Duration of Last Sickness,* 20 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 30th 1885

*Undertaker* [illegible]

*Place of Business,* [illegible]

P. G. Dausch M. D.
Medical Attendant.

*Address,* 325 E. Balto. st.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8547 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August E. Liebhaber

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* ..... 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* 16 days

*Place of Death,* {Give Street and Number.} 382 Harford av.

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate), .....

*Duration of Last Sickness,* 15 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenauer

*Date of Burial,* July 28th 1885

*Undertaker,* Edw. Fink

*Place of Business,* [illegible]

Geo. A. Hartman M. D.
Medical Attendant.

*Address,* 305 St. Martin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the REMARKS below, and to LIST OF DISEASES on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85473 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1885.

*Full Name of Deceased* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennette Strohmeyer.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 3 *Months.* 22 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 295 N. Bond St.

*Cause of Death,* First (Primary),

Second (Immediate), Congestion of the Brain.

*Duration of Last Sickness,* about 36 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 29 1885

*Undertaker,* D. Lane & Son

*Place of Business,* 161 W. Fayette

John H. White M. D
Medical Attendant.

*Address,* 342 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 85474 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Wolfe

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 32 *Years,* ~~Months.~~ ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} A A C A "

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} 114 Pine St

*Cause of Death,* First (Primary), Confinement & Excessive Heat

Second (Immediate), Nervous Prostration

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* West Lawn A.A.C.

*Date of Burial,* July 29th 1885

*Undertaker,* John S. Marcher

*Place of Business,* 160 Franklin St

Thomas Baker M. D.
Medical Attendant.

*Address,* 416 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3828 Trans

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85475 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUL 28 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 27/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 13 Months. Days

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md Life

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 87 Bayard

*Cause of Death,* First (Primary),

Second (Immediate), Chronic Peritonitis

*Duration of Last Sickness,* two (2) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* July 29/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 31 Gay Jones

H. L. Thomas *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85476 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdillina Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days*

*Color,*

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 116 Boyd st

*Cause of Death,* First (Primary),

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* two (2) months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 29

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

A L Shuck M. D.
Medical Attendant.

*Address,* 317 N Gilmor st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85477 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 28 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Virginia Hainline

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* 9 *Months,* 21 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 464 W. Lombard St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 29/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 5 Nr. W. Fayette St.

J. J. Lichtenau M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below [illegible]

# Health Department, City of Baltimore.

Permit No. 83478 *Office of Registrar of Vital Statistics.* Ward 67

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McMa Wolpert

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 10 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 183 N Dallas St

*Cause of Death,* First (Primary), general weakness

Second (Immediate), Inflamation of the brain

*Duration of Last Sickness,* about three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 28th

*Undertaker,* Green Rle & Cortel

*Place of Business,* 210 E. Balt st

Hilton A. Taylor M. D.
Medical Attendant.

*Address,* 28 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85479 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
JUL 23 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Celestian Hooper

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Twenty two *Years,* Three *Months,* Twenty *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} Married

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} No 98 North Broadway

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's Cemetery

*Date of Burial,* July 28. 1885

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Bury.

Wm H. Cudlipp, M. D.
Medical Attendant.

*Address,* No 102 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 5045

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86480 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 28 1885

D

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Louis Gilmans

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give Street and Number.} N.W. Corner Eager & Chappel

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), — Exaustion —

*Duration of Last Sickness,* about ten weeks — ) always delicate from birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 28 1885

*Undertaker,* John Hennig. Thomas J Simms M. D.

Medical Attendant.

*Place of Business,* 358 Orleans St. *Address,* 242 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 85481

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

18 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

BUREAU OF STATISTICS
JUL 28 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie May Bodensieck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore West Pratt Street

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 909 West Pratt Street

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) ~~Loss~~

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 28

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

Geo. G. Morgan M.D.,
Medical Attendant.

*Address,* Carroll P.O. Balto. Co.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85284 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Michl. J. Brennan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 35 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Priest

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Eighteen (18) Years

*Place of Death,* {Give Street and Number.} # Hoffman St (Poorhouse)

*Cause of Death,* First (Primary), .....

Second (Immediate) Heat Apoplexy

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brea

*Date of Burial,* July 29th

*Undertaker,* John J Brown

*Place of Business,* 84 Holliday

D. L. Shea M. D.
Medical Attendant.

*Address,* 307 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85483

*Office of Registrar of Vital Statistics.* 18 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cook

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* About 60 *Years,* *Months,* *Days.*

*Color,* Colrd

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Launders

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} ~~Co~~ Maryland

*Duration of Residence in the City of Baltimore,* 60 Years

*Place of Death,* {Give street and number.} # 15 Ohio Avenue

*Cause of Death,* First, (Primary.) Exhaustion. — Superinduced

Second, (Immediate.) by Indigestion and hot weather

*Duration of Last Sickness,* Six Month

All the above information should be furnished by the Physician.

*Place of Burial,* Shark 2d Cemetery

*Date of Burial,* July 28th 1885

*Undertaker,* Sam'l N. Chase

*Place of Business,* 148 N. Howard St. *Address,* 152½ N. Eutaw St.

D. Yingling *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 85484

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 27 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katherine Walter

*Sex, Male or Female,* { Cross out the word not required in this line. } Catharine Walter

*Age,* 75 Years, Months, Days.

*Color,* White

*Married,* ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

*Occupation,* house-work

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } January 31 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 10 n. Chapelst

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Johnsons Cem.

*Date of Burial,* July 29 th 85

*Undertaker,* G. O. Trance

*Place of Business,* Bank & Wolfe St.

*Address,* 245 E. Baltimore

Fleshman M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85485 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Beverly Baker

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 4 *Days*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} — Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 26 Orchard St

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Inanition

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 28th 1885

*Undertaker,* W. R. Bielfeld

*Place of Business,* 97 Druid Hill

J. E. Atkinson M. D.
Medical Attendant.

*Address,* 19 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 85486 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 28 1885
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 27 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elvann E. Taylor

*Sex,* ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

*Age,* 68 — *Years,* 2 *Months,* 18 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 48 years

*Place of Death,* {Give street and Number.} 712 N. Ley

*Cause of Death,* First (Primary), Epileptoid Convulsions

Second (Immediate), Exhaustion of Nerve Centres

*Duration of Last Sickness,* about 5 years

All the above information should be furnished by the Physician.

*Place of Burial* London Park

*Date of Burial,* July 29th 1885

*Undertaker* Wm. Weaver

*Place of Business,* 202 N. Eutaw

Jno. K. Quinan M. D.
Medical Attendant.

*Address,* 1362 N. Gilmor St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85487 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Henry

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 32 *Years,* ... *Months.* ... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give Street and Number.} 62 Lafayette Av.

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Diarhoea,

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 29 1885

*Undertaker,* Hercules Ross

*Place of Business,* 15 Eau Water st

C. L. Booze M. D.
Medical Attendant.

*Address,* 177 Sharp st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85488 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 29 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kane

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 9 *Months,* 0 *Days,* ✓

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No 9 Bethel Court

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Lehman Co

*Date of Burial,* July 29 /85

*Undertaker,* Michael Funk

*Place of Business,* 35 Bank St

John Winchcomb Jr M. D.,
Medical Attendant.

*Address,* 72 Bank St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

...marks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85489 *Office of Registrar of Vital Statistics.* Ward 61

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 29 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* 28 July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clifford Price

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 529 E. Fayette St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* N E Cemetery Child Road

*Date of Burial,* July 29/85

*Undertaker,* John Herwig

*Place of Business,* 382 Orleans St *Address,* 324 E. Balt. St.

F. T. Leonard *M. D.*
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate stating forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

7

The Special ... of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 85490 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

# CERTIFICATE OF DEATH.

*Date of Death,* July 28/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Goth

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 9 *Days,* 1

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 26 Somerset

*Cause of Death,* First (Primary), was said to have a spasm & found it dying on my arrival

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer (Cem)

*Date of Burial,* July 29th 1885

*Undertaker* Chas Pohl

*Place of Business,* 1612 Eutaw

F. Millar M. D.
Medical Attendant.

*Address,* 93 Valley

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

...marks Below, and to List of Diseases on Back of this Certificate.)

# Board of Health, City of Baltimore,

Permit No. 85491

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 29 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bauer

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 68 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

*Duration of Residence in the City of Baltimore,* Forty four years.

*Place of Death,* {Give street and number} 257 E Monument Street.

*Cause of Death,* First, (Primary.) Cancer of Mouth Chin & Neck

Second, (Immediate.) Nervous Exhaustion

*Duration of last Sickness,* Five Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 30th

*Undertaker,* Geo Schelling

*Place of Business,* Ridgely Square

Prof R N Paul M. D.
Medical Attendant.

*Address,* 30 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 85492

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85292 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Kalchmeyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} Bayard st

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Meningitis

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trap Road

*Date of Burial,* July 29th 1885

*Undertaker,* C. A. Leonard & Son

*Place of Business,* 772 W. Baltimore *Address,* 166 S. Paca st.

C. L. Buddenbohn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ow, and to List of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 85493 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace L. Schr

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 111 Hill St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 29th 1885

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 151 Hanover St

J. C. Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

**Permit No.** 85494 *Office of Registrar of Vital Statistics.* **Ward** 20 11 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28. 1888

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Nettie Rey

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* —— *Years,* 5 *Months,* 14 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation* Infant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* { Give street and Number. } 594 Fulton Ave.

*Cause of Death.* First (Primary), Inanition

Second (Immediate), "

*Duration of Last Sickness,* 2 months

the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 29th 1888

*Undertaker* L. Lewis Schaefer

*Place of Business,* 109 N. Fremont *Address,* 506 Mad. Ave

J. H. Schweitzer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...is Respect... to the Items Below, and to List of Disea... on Back of this ...ate

# Board of Health, City of Baltimore,

Permit No. 85495 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY
JUL 29 1885
REGISTRAR

C

# CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give name of parents.} Clinton H. Meeks.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* ... *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and Number.} 182 Eden Ave

*Cause of Death,* First (Primary), ...

Second (Immediate). Cholera infantum

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 29th 1885

*Undertaker* Alex Heisler

*Place of Business,* 16 Orchard St *Address,* 248 N Lombard St

Edward R. Ward M. D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ... kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Spec[illegible]ans is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85496 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 30 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Stratton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* ... *Months.* ... *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Boston Mass

*Duration of Residence in the City of Baltimore,* 62 years

*Place of Death,* {Give Street and Number.} 714 - Penn ave

*Cause of Death,* First (Primary), ~~Cholera~~ Asthma

Second (Immediate),

*Duration of Last Sickness,* 1 - week

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cem.

*Date of Burial,* July 30

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

H J Mouse M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85497 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Elizabeth Dodd.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* — *Months,* — *Days,*

*Color,* Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Nothing.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 134 Stirling St.

*Cause of Death,* First, (Primary.) General debilitation

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* About 18 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Evergreen Cem

*Date of Burial,* July 29- 1885

*Undertaker,* W W Madden

*Place of Business,* 46 East St

J. E. Heard M. D.,
Medical Attendant.

*Address,* 2162 Monument St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85498 *Office of Registrar of Vital Statistics.* Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 30 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Schaffer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Harford Ave near Boundary

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Ct

*Date of Burial,* July 30 1885

*Undertaker,* Henry Hoeck

*Place of Business,* 306 N. Central Ave *Address,* Exeter St

J J Mahon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85799

*Office of Registrar of Vital Statistics.* 10 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hucht

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Box maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Hanover

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give street and number.} 49 ½ Marion St.

*Cause of Death,* First, (Primary.) Carcinoma of liver & pancreas.

Second, (Immediate.)

*Duration of Last Sickness,* Has been sick for some months. Confined to bed for some weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 30/ 1885

*Undertaker,* A Rosenberger

*Place of Business,* 70 Amberg St. *Address,* 75 Franklin St.

Jno. L. Jay M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Week No. [illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

## *Office of Registrar of Vital Statistics.*

Ward 19 4

Certificate No. 85300

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* and the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 27

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } L. M. Decker

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 76 *Years,* *Months,* *Days*

*Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. } Widower

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Shulzhf New York

*Duration of Residence in the City of Baltimore,* About Sixty years

*Place of Death,* { Give Street and Number. } Aged Mens Home

*Cause of Death,* { First (Primary), } Heat prostration

{ Second (Immediate), } Brain trouble

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 29 1885

*Undertaker,* H. H. Hickman

*Place of Business,* 234 E. Fayette

H. M. Nelson M. D.
Medical Attendant.

*Address,* 257 Mad Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, the cause and date of death.

KODAK SAFETY FILM

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 88501 *Office of Registrar of Vital Statistics.* Ward 11½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 29/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Voight

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 10 Months, 23 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 7 Chestnut alley

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Jul 30/85

*Undertaker,* J. B. Cook

*Place of Business,* 207 W. Balto St

Jno W. Black M. D.
Medical Attendant.

*Address,* 1518 Pennsylvania Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

85502 4

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Teresa Pessagno

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 8 *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* Liven hm

*Place of Death,* {Give street and number.} 23 Low St —

*Cause of Death,* First (Primary,) pneumonia Bilion

Second (Immediate.) Typhoid

*Duration of Last Sickness,* Taken ab out 12 dy

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's Cemetery

*Date of Burial,* August 30th 1885

*Undertaker,* James F Byrne

*Place of Business,* No 63 N. Front St *Address*

Richd Dappington M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 85303

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85303 *Office of Registrar of Vital Statistics.* Ward 8½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 29 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Inman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* *Months,* *Days*

*Color,* Dark

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St Mary's Orphan Asylum

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 29 1885

*Undertaker,* James D Byrne

*Place of Business,* No 63 N Front *Address,*

F. E. Chatard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 85304 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 29 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 29th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeannette Bacigalupi

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* Years, 10 Months, Days,

*Color,* White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

*Occupation* Baby

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 10 Months

*Place of Death,* {Give street and Number.} 70 President St

*Cause of Death,* First (Primary). Bad surroundings & Heat.

Second (Immediate). Cholera Infantum one week

*Duration of Last Sickness.*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 30 1885

*Undertaker* James P Byrn

*Place of Business,* 1163 W Lem

John Morris M. D.
Medical Attendant.

Address, 5 Hamilton St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85505 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Kettle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 4 *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 112 E. Madison St.

*Cause of Death,* First (Primary), Enteric - Colitis

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Old Methodist Cem Philpot Road

*Date of Burial,* July 30th 1885

*Undertaker,* G. Rinehart

*Place of Business,* Forrest Peak *Address,* 283 N. Eden St.

E. B. Fenby M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85506 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Kammer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 39 S. Fremont

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 30 1885

*Undertaker,* P. J. Dill

*Place of Business,* 183 Columbia Av

A. L. Shuii M. D.
Medical Attendant.

*Address,* 327 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85507 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28" 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Dill

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~~ *Years,* ~~~ *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} #64 Granby St.

*Cause of Death,* First (Primary),

Second (Immediate), Inward Spasms

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cemetery

*Date of Burial,* July 29" 83

*Undertaker,* Hurt & Disspee

*Place of Business,*

.....M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Jas V. Fitzpatrick
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85308 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca M. Pickering

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* 6 *Months.* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give Street and Number.} 276 Franklin St

*Cause of Death,* First (Primary),

Second (Immediate), Hemiplegia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 29, 1885

*Undertaker* Matthew Cadogan

*Place of Business,* 227 Mulberry St *Address,* 364 Madison Ave

H. W. Dings M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 13309

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85309 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 1 Aisken St

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* M. Athenaeum Cl

*Date of Burial,* July 30 1885

*Undertaker,* Henry Hood Jr.

*Place of Business,* 987 N. Eutaw St *Address,* 283 N. Eden

E. B. Feuby M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83510 *Office of Registrar of Vital Statistics.* Ward 14 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Myers

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* 5 *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* House wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 38 S Fulton Av

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem'ty

*Date of Burial,* July 31

*Undertaker,* Jos. B Cook

*Place of Business,* 707 W Baltimore St

James Berley M. D.
Medical Attendant.

*Address,* 319 Hollins St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore, 13

Permit No. 83511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ellen Hanrahan

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 83 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 33 Years

*Place of Death,* {Give street and number} # 17 S. Schroeder

*Cause of Death* First, (Primary,) old age

Second, (Immediate,) Dysentery

*Duration of last Sickness,* probably 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 30

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimor

T. Chew Worthington M. D.
Medical Attendant.

*Address,* 373 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85374 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 30 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John. Clarke

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Grocer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 51 Years.

*Place of Death,* {Give Street and Number.} No- 237. Gough. st

*Cause of Death,* First (Primary),

Second (Immediate), General Debility & old age

*Duration of Last Sickness,* One (6) months,

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* July 31st 1885

*Undertaker,* M. Clark & Son

*Place of Business,* 720. Amm

A. L. Clarke M. D.
Medical Attendant.

*Address,* 237. Gough st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 853-13 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 1865

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter, [illegible]

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 37 *Years,* ..... *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 15 & N Calvert

*Cause of Death,* First (Primary), .....

Second (Immediate), Phthisis Pulmon

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* August 6

*Undertaker,* Geo W Spence

*Place of Business,* 116 Park Ave

[illegible] M. D.
Medical Attendant.

*Address,* 23 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85514 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula Dallard

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 11 Clark alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 30, 1885

*Undertaker,* Henry McG Gunn

*Place of Business,* 408 E. Baltimore *Address,* 171 N Calvert

Geo. B. Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85515 *Office of Registrar of Vital Statistics.* Ward 2 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine C MacDonald

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. Co.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 232 S. Caroline

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* July 31st 1885

*Undertaker,* Leonhard Ruiz

*Place of Business,* 277. S. Bond St. *Address,*

G. L. Winter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 0 5 [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85516 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 5.15 A.M. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Gardenier Hitchell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* XXX

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 108 S Bond St

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), .....

*Duration of Last Sickness,* Saw him once at office

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 31. 1885

Jno E Donnelle M. D.
Medical Attendant.

*Undertaker,* M. A Daiger

*Place of Business,* 74 S. Bway. *Address,* 299 E Balt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 85317 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 30 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunda Krabb

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* 11 *Months.* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 24½ years

*Place of Death,* {Give Street and Number.} 57 S. Medina Alley

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 31st 85

James T. Shaw M. D.
Medical Attendant.

*Undertaker,* E. Bance

*Place of Business,* Bank & Wolfe Sts *Address,* 417 E. Pratt Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85578 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Dorn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 7 *Months,* ..... 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} N Chapel

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 30th 85

*Undertaker,* G. Brance

*Place of Business,* Grant & Wolfe Address, 244 E Baltimore St

J. H. Cellenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 85519 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29, 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Bichelm

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* [illegible] *Years,* 1 *Months,* [illegible] *Days*

*Color,*

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 364 E Chase St

*Cause of Death,* First (Primary), Ballie Fed

Second (Immediate), Inat nutrition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 31

*Undertaker,* J. O. R. Bandel

*Place of Business,* York Rd & 6th

W. W. White, M. D.
Medical Attendant.

*Address,* 363 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 85520 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 30 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Midnight. July 29th /85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Kaufmann

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* — *Years,* 16 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 673 W. Baltimore

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Acute Hydrocephalus

*Duration of Last Sickness,* Total 12 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loyed St. Cemetery

*Date of Burial,* July 30

*Undertaker,* Jacob Appel

*Place of Business,* 28 High *Address,*

A. H. Sartm. M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85521 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT
JUL 30 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche May Easterfield

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 1 Years, 1 Months, Days,

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 67 S. Exeter S.W. cor. Stiles st.

*Cause of Death,* First, (Primary,) Cholera infantum

Second, (Immediate,)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Cemetery

*Date of Burial,* July 30th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 415 N. Gay st.

P. G. Dausch M. D.,
Medical Attendant.

*Address,* 325 E. Balto st.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 855202

*Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Spriggs

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 4 *Months.* 0 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No. 1 Jenkins alley

*Cause of Death,* First (Primary), marasmus

Second (Immediate),

*Duration of Last Sickness,* 2 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Country

*Date of Burial,* July 31st 1885

*Undertaker,* H. A Bielefeld

*Place of Business,* 97 Druid Hill

G Lane Tanyhill M. D.
Medical Attendant.

*Address,* 219 Madison ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 85323 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JUL 30 1885

23

# CERTIFICATE OF DEATH.

*Date of Death,* July 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Huber

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 2 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 yrs

*Place of Death,* {Give street and Number.} 332 N Central Aven, East, Street

*Cause of Death,* First (Primary), Dropsy Asthma

Second (Immediate).

*Duration of Last Sickness,* 12 months

the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer C

*Date of Burial,* July 1st 1885

*Undertaker* Keeley Locke

*Place of Business,* 309 W Pratt St *Address,*

A D Hubel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85524 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 30 1885 BALTIMORE, MD.

*Date of Death,* July 29. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilmore Rugen

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* — *Years,* 9 *Months,* — *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 261 Orleans St

*Cause of Death,* First (Primary), Ivation

Second (Immediate), " " Inanition

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 30th

*Undertaker,* J. J. Carter

*Place of Business,* 173 Jefferson

John N. Cowan M. D.
Medical Attendant.

*Address,* 238 E. Monument St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85325 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

a

*Date of Death,* July 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kundrat

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 6 *Months.* *Days*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* 2 mos

*Place of Death,* {Give Street and Number.} 46 Barnes St

*Cause of Death,* First (Primary), Peritonitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cy

*Date of Burial,* July 31. 1885

*Undertaker,* Frank Leach & Co

*Place of Business,* 249 N Durham St *Address,* 229 N Caroline St

E Geyer Hall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85536 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Guckert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 5 *Months,* 27 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 164 Greenmount ave

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St. Dyhonsius Cem,

*Date of Burial,* August 1st 1885

*Undertaker* A. Lean Sink

*Place of Business,* 461 N. Gay St *Address,*

Fellner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85327 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUL 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30/885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Scott

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1 *Days*

*Color,* W

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 208 S Dallis

*Duration of Residence in the City of Baltimore,* C

*Place of Death,* {Give Street and Number.} 208 S Dallis St

*Cause of Death,* First (Primary),

Second (Immediate), Infl Convulsions

*Duration of Last Sickness,* Few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Evergreen Cemetery

*Date of Burial,* July 31st 1885

*Undertaker,* Chas. S. Butler

*Place of Business,* 131 N. Caroline St

A Reese Abercrombie M. D.
Medical Attendant.

*Address,* 882 Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85328 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 31 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Washington

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* ... *Years,* ... 6 *Months,* ... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 88 N. Bethel St

*Cause of Death,* First (Primary), ...

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 10 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Evergreen Cemetery

*Date of Burial,* July 31st 1885

*Undertaker,* Chas. S. Butler

*Place of Business,* 132 N Carolina St

J. J. Cain M. D.
Medical Attendant.

*Address,* 132 Orleans

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85529 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH JUL 31 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 30th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Thiemyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 11 *Years,* 8 *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 268 Mulberry St

*Cause of Death,* First (Primary),

Second (Immediate), Scrofula

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park Cemetery

*Date of Burial,* July 31/85

*Undertaker,* A Rhode

*Place of Business,* 48 Penn Ave

Wm J. Evans M. D.
Medical Attendant.

*Address,* 175 Saratoga St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 85530. *Office of Registrar of Vital Statistics.* Ward 16.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Jul 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Ma John Webu E Pasuto

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* [illegible] *Years,* [illegible] *Months,* 1/2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 26 Dawson Alley

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 31st 1885

*Undertaker,* C. Lenbach

*Place of Business,* 1 Pratt St

James A Steuart M. D.

Coroner's ~~Physician~~ Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Ending= Insecta

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 85331 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Egbert Lewis Martin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* — *Days*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 2y

*Place of Death,* {Give Street and Number.} 170 Chestnut St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* July 31 1885

*Undertaker,* H. Shroder & Son

*Place of Business,* 262 Canton Av *Address,*

E. Shroder

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

# Health Department, City of Baltimore.

Permit No. 85532 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday July 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizebeth Wagner

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 10 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} S

*Occupation,* N

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No 1 Patapsco Ave

*Cause of Death,* First (Primary), Scarlet fever

Second (Immediate), do do Congestion Spasmes

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 31 1885

*Undertaker,* J. E. Pritchard M. D.
Medical Attendant.

*Place of Business,* 252 Curtis *Address,* 28 O' Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 85533 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Baum

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* XXX

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 42 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 108 Gough St

*Cause of Death,* First (Primary), Paralysis Agitans

Second (Immediate), old age

*Duration of Last Sickness,* Eight years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 31 1885

*Undertaker,* J. H. Sanders & Co. James E. Donville M. D.
Medical Attendant.

*Place of Business,* 352 Canton Av. Address, 299 E Balt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 8533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 31 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Lovington

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 9 *Years,* 11 *Months,* — *Days.*

*Color,* Col — *Sex,* Male —

*~~Married~~, Single, ~~Widow or Widower.~~* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Virginia —

*Duration of Residence in the City of Baltimore,* Eight months —

*Place of Death,* {Give street and number.} 163 Pearce st —

*Cause of Death,* First (Primary,) Pleurisy and congestion of lungs —

Second (Immediate,) Vital exhaustion —

*Duration of Last Sickness,* 12 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 31st 1885

*Undertaker,* F W Madden

*Place of Business,* 46 East St —

E. H. Holbrook, M. D.
Medical Attendant.

*Address* 185 N. Carey st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85535 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 31 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 – 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Kinney

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Sailor.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 8 mo.

*Place of Death,* {Give Street and Number.} St. Joseph's Hospital

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 8 mo.

All the above Information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* July 31/85

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Place

F. N. Mead M. D.
per J. R. T. Medical Attendant.

*Address,* St. Joseph's Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85336

*Office of Registrar of Vital Statistics.*

20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPT. JUL 31 1885 BALTIMORE MD.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Talbot.

*Sex, Male ~~or Female.~~* {Cross out the word not required in this line.} Male.

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* Colo

*Married, ~~Single, Widow or Widower.~~* {Cross out the word not required in this line.} Married.

*Occupation,* Farmer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number.} 72 L. Pine St.

*Cause of Death,* First, (Primary.) General Debility No Special Organic Disease.

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 6 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* July 31 1885

*Undertaker,* William N Longes

*Place of Business,* 62 East St

Jno. T. Lowell. M.D.
Medical Attendant.

*Address,* 227 Lanvallon Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore.

Permit No. 8553 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 31 1885

BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 28

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Alfred Williams

*Sex, Male* ~~or Female~~. { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* Sixteen *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death.* { Give street and Number. } 4 Parrish Al

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate).

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery

*Date of Burial,* July 31 1885

*Undertaker* William Lange

*Place of Business,* 62 East St

J. E. Urguhart M. D

Medical Attendant

*Address,* Gilmor & Lafayette

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83538 *Office of Registrar of Vital Statistics.* Ward 8"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda E. Maynes

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} # 1 Jenkins Alley

*Cause of Death,* First (Primary), —

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 31/85

*Undertaker,* W. H. Bishop

*Place of Business,* 97 Druid Hill Ave *Address,* Same

James H. Lewis M. D.
~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo E Brown Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 85339 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1885 BALTIMORE, MD.

*Date of Death,* July 29 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Boyd

*Sex, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 41 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa.

*Duration of Residence in the City of Baltimore,* Six weeks.

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Paraplegia from fracture of spine

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters County

*Date of Burial,* July 31 1885

*Undertaker,* F. A. Kuehnel

*Place of Business,* 129 Arlington Ave

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83340 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V White

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 1 *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 132 Scott St

*Cause of Death,* First (Primary), Laryngeal diphtheria

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 31

Geo R. Graham M. D.
Medical Attendant.

*Undertaker,* P B Cook

*Place of Business,* 707 W Baltimore *Address,* 13 Columbia ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85341 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH. (Phillips)

*Date of Death,* July 30. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. B. Phillips

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* ..... *Months,* ..... *Days*

*Color,* C

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harpers Ferry

*Duration of Residence in the City of Baltimore,* 17 yrs

*Place of Death,* {Give Street and Number.} 8 N. Penn

*Cause of Death,* First (Primary), Chronic Gastritis

Second (Immediate), Nervous Prostration

*Duration of Last Sickness,* 6 mo

All the above Information should be furnished by the Physician

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 31

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore *Address,* 306 N Frazier St

C. N. Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85324 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs J Hooley

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* 1 *Months,* 16 *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Machinist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give Street and Number.} 266 Ramsay st

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate),

*Duration of Last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* August 3

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Baltimore *Address,* 619 W Fallsway

James Boeley M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85343 *Office of Registrar of Vital Statistics.* Ward 8?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Donnelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 90 E. Chase St.

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 1st 1885

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Hanover St

Jas. Burke Boyle M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85544 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Charlotte Anderson (Parents)

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 32 Short st

*Cause of Death,* First (Primary), Premature Birth (7 Months)

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 31st 1885

*Undertaker,* Thos J Locke

*Place of Business,* Jefferson St

James F Stewart M. D.
~~Medical Attendant~~

*Address,* Cor Gilmor & Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85545 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* July 30th. 9 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel C. Smardon

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 9 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} A.A. Co., Md.

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give Street and Number.} No. 147 Washington Ave.

*Cause of Death,* First (Primary), Diptheria

Second (Immediate),

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Anp. Arundel County

*Date of Burial,* July 31st

*Undertaker,* Jos. L. Thacker

*Place of Business,* Lowden & Pascault

Wm. H. Lowden M. D.
Medical Attendant.

*Address,* Cor. Chamberlain & Fremont

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 855246 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Jones (Mother)

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~*Years*~~, ~~*Months*~~, Two Days

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~N~~ R Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 95 N Eutaw St.

*Cause of Death,* First (Primary), Syphilis, Congt.

Second (Immediate),

*Duration of Last Sickness,* Lifetime (Two days)

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Pub Cem'y

*Date of Burial,* July 31/1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Place Address, 133 N Eutaw St

F. W. Ichaumberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85327 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Crook

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 72 *Years,* 8 *Months,* 14 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or~~ Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 40 Courtland St

*Cause of Death,* First (Primary), Syphilis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 10 mos about

All the above information should be furnished by the Physician.

*Place of Burial,* Washington D.C.

*Date of Burial,* July 27th

*Undertaker,* John F. Cowan

*Place of Business,* 89 Hollins St *Address,* 143 S. Eutaw St

D. Stuart *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

See following Certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85347 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Crook

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 72 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 40 Courtland St

*Cause of Death,* First (Primary), Septicaemia

Second (Immediate),

*Duration of Last Sickness,* 2 or 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Washington D.C.

*Date of Burial,* July 31st 1885

*Undertaker,* John J. Cowan

*Place of Business,* 59 Hollins St.

Certificate to be furnished by Dr. David Street M. D.

Medical Attendant

*Address,* Now out of town

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3829 Hanover

...pecially stated, and to Table of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 83348 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1888.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moteda Nuss

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* 10 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 117 Eden St

*Cause of Death,* First (Primary), Scarlet Fever and

Second (Immediate), While weakened by it was taken with Heart

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* August 1st 1888

*Undertaker,* John R. Gluck

*Place of Business,* 268 Aliceanna *Address,* 117 Eden St

E. J. Williams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85549 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 31 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Allen

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 37 *Years,* ..... *Months.* ..... *Days*

*Color,* Dark

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 58 Wayne st.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 9 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 1st 1885

*Undertaker,* Geo Perkins

*Place of Business,* 221 Hanover *Address,* 35 9 Barre st.

Tyler Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...spondence relative to Physicians is respectfully invited to the Remarks Notes, and to Blanks on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 85530 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 31 1885

# CERTIFICATE OF DEATH.

*Date of Death,* July 29th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Inv. Selig.

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 46 *Years,* 7 *Months,* 15 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} 28 S. Wolfe st.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* July 31st 85

*Undertaker* G. France

*Place of Business,* Bank & Wolfe Sts. *Address,* 325 E. Balto

Pierre Lee. Dauch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8335 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 31 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry. Henry.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 5 *Months,* 10 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 119 Fort Ave

*Cause of Death,* First (Primary), Irritation

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cyt

*Date of Burial,* 1st Aug.

*Undertaker,* Mr Limbach

*Place of Business,* 405 Pratt St

Jno D Black M. D.
Medical Attendant.

*Address,* 150 S Pr cor Cross

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 83332 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 31 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cramner

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* ~~~~ *Months,* ~~ 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 75 Hanover St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 31st 85

*Undertaker,* Frank Church

*Place of Business,* ~~ *Address,* ~~

James A Steuart M. D.

~~Medical Attendant.~~

Chas A Cameron

Jno F Weber

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained;* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85733 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 31 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Ward.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days*

*Color,* B Fitd.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bastr City Md "

*Duration of Residence in the City of Baltimore,* All her Life.

*Place of Death,* {Give Street and Number.} 243 W Balto St

*Cause of Death,* First (Primary), Ovarian Fibroid Tumor.

Second (Immediate), Diarrhoea.

*Duration of Last Sickness,* 11 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Belair Ave Met. Cemetery

*Date of Burial,* July 31st 1885.

*Undertaker,* Chas J. Evans & Co.

*Place of Business,* Eager and Lacy Sts. *Address,* 273 Lexington St.

Chas. L. Steuart, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85334 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice W Cromwell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 5 *Months,* 4 5 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 165 & Pacific

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Anna Arundel Co

*Date of Burial,* July 31st

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw St *Address,* 158 S. Paca St

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attendance of Physicians is Respectfully Invited to the Remarks Below, and to Blank Spaces on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 85535 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Taylor

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 7 Days.

*Color,* Black

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death.* {Give street and Number.} 139 Vincent Alley

*Cause of Death.* First (Primary). Mal-nutrition

Second (Immediate). Loss of Strength

*Duration of Last Sickness.* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Lamps Methodist

*Date of Burial,* August 1st 1885

*Undertaker* Alf Thursby

*Place of Business* 1160 Orchard st *Address,*

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The special attention of Physicians is respectfully invited to the Rules and Regulations on the back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 85336 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
JUL 31 1885
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Billmyer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Seventy-four *Years,* —— *Months,* —— *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Nursing for twenty-five years

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and Number.} 100 Townsend St. Baltimore

*Cause of Death,*
First (Primary), Apoplexy
Second (Immediate), "

*Duration of Last Sickness,* Death almost instantaneous

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Ennon

*Date of Burial,* Aug 1st 1885

*Undertaker* Hollis & Sons

*Place of Business,* Park & Saratoga

Silas Bacon M. D.
Medical Attendant.

*Address,* 152 Townsend St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

85557

Wooing

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85358 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Collins

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 70 *Years,* *Months,* *Days*

*Color,* W.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 58 yrs.

*Place of Death,* {Give Street and Number.} 141 Stirling

*Cause of Death,* First (Primary), Valvular dis. of Heart.

Second (Immediate), Dropsy.

*Duration of Last Sickness,* 4 years.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemy

*Date of Burial,* Aug 2nd 1885

*Undertaker,* Jos P Byrne

*Place of Business,* 63 Fayette St Address, 186 Augusta

H. T. Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 83339 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mr Henry Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 68 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Married

*Occupation* Waiter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 19 Forrest St

*Cause of Death,* First (Primary), Valvular Disease of Heart

Second (Immediate) Dropsy — Exhaustion

*Duration of Last Sickness,* 12 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 31st 1885

*Undertaker* Wm E Dugan

*Place of Business,* 62 East, St *Address,* 106 E. Fayette St

Christopher Kinney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85560 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brummell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Thirty-five *Years,* ~~*Months,*~~ *Days*

*Color,* Brown

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St. Michaels - Eastern Shore Md.

*Duration of Residence in the City of Baltimore,* Twenty-two years

*Place of Death,* {Give Street and Number.} 5-5- Penna alley

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Suffocation

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 29 1885

F. B. Garnett M. D.

Medical Attendant.

*Undertaker,* I. S. Weaver

*Place of Business,* 198 Pennsylvania Ave *Address,* 20 N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85561 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HARRISON INSTITUTE AUG 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31' 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* ~~~~ *Years,* 1 *Months,* 12. *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Runs Alley bet. Hamburg and Cross Sts

*Cause of Death,* First (Primary),

Second (Immediate), Throat.

*Duration of Last Sickness,* All its life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem.

*Date of Burial,* Aug 2" 1885

*Undertaker,* Ed Ross.

*Place of Business,*

Jas. A. Steuart M. D.

Comm'r of Health & Registrar

*Address,*

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Inspector

# Health Department, City of Baltimore.

Permit No. 85562 *Office of Registrar of Vital Statistics.* Ward 12 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* ~~Aug~~ Aug 1 1881

*Undertaker,* Robert R Stewart

*Place of Business,* Stewart & Maynard

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Caldwell

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85563 *Office of Registrar of Vital Statistics.* Ward 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* July Aug. 1 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Leistra

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, W Months, 9 Days

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} D. C. √

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 15 Pleasant al

*Cause of Death,* First (Primary), Cyanosis

Second (Immediate), Abscess

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* August 3

*Undertaker,* H. Dippel

*Place of Business,* *Address,* 7th & Avery

G. L. Miller M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85564 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa C. Sulivane

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 31 *Years,* — *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 31 yrs & 6 dys

*Place of Death,* {Give Street and Number.} 704 S. Charles St

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid fever

*Duration of Last Sickness,* 11 dys

All the above information should be furnished by the Physician.

*Place of Burial,* Western C.

*Date of Burial,* August 2

*Undertaker,* B. Hall

*Place of Business,* 92 W. Pratt St

R. C. Lee M. D.
Medical Attendant.

*Address,* Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 23365 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* ..... Aug 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ..... Joh Marshall

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} ..... Male

*Age,* ..... *Years,* ..... *Months.* Since 15 mint *Days*

*Color,* ..... White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ..... Baltimore Md

*Duration of Residence in the City of Baltimore,* ..... During Life

*Place of Death,* {Give Street and Number.} ..... 66 Fort av

*Cause of Death,* First (Primary), ..... Premature Birth

Second (Immediate), .....

*Duration of Last Sickness,* ..... +

All the above information should be furnished by the Physician.

*Place of Burial,* ..... Baltimore C

*Date of Burial,* ..... August 1

*Undertaker,* ..... B. Hall

*Place of Business,* ..... 82 W Cof. Pr

O. A. Cooke M. D.
Medical Attendant.

*Address,* ..... 110 Fort av

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85366 *Office of Registrar of Vital Statistics.* Ward 9"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} H. W. Roberts

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 6 *Months,* *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give Street and Number.} 21 Bonnet St

*Cause of Death,* First (Primary), Remitent Fever

Second (Immediate), "

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Aug. 1st 1885

*Undertaker,* Wm. F. Gray

*Place of Business,* 65 [illegible] *Address,* 506 Mad. Ave.

J. H. Johnston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85367 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

LIBRARY AUG 1 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 31/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac W. James

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} V Balt

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 175 O Dallas

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Samuel Cemetery

*Date of Burial,* Aug 1st 1885

*Undertaker,* W W Madden

*Place of Business,* 46 East St

R. D. Mansfield M. D.
Medical Attendant

*Address,* 60 & Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1st

*Permit No.* 85568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Cooke

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* Six *Months,* Four *Days.*

*Color,* white *Sex,* male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} No. 390 Allen Ave St

*Duration of Residence in the City of Baltimore,* Sick for the period of 3 month

*Place of Death,* {Give street and number.} No 18 Port Street

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,)

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenly Cemetery A. Schwartz M. D.

*Date of Burial,* 1 August 1885 Medical Attendant.

*Undertaker,* John D Shuh

*Place of Business,* 265 Aliceanna Address 44 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 83569 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 7th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earl Eugene Washington

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 5 *Months,* 25 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dallas City Texas Birth

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 143 N Dallas Av

*Cause of Death,* First (Primary), Dysentery.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Ten (10) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 1st 1885 F. W. Stone M. D.

Medical Attendant.

*Undertaker* Charles S. Butler

*Place of Business,* 33 N. Caroline *Address,* 33 N Caroline

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85570 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Gluth

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* ~~Months,~~ ~~Days~~

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Gomany

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} No 330 Pond st

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Fleet St South Cemetery

*Date of Burial,* August 1 th 1885

*Undertaker,* Peter Forey

*Place of Business,* 91 Eden St

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 22 Saratoga Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85571 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 31/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Cogswell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 53 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Georgetown D. C.

*Duration of Residence in the City of Baltimore,* 40 years.

*Place of Death,* {Give Street and Number.} 475 Franklin

*Cause of Death,* First (Primary), Brights Disease

Second (Immediate), "

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 2nd/85

*Undertaker,* Jas B. Lewis

*Place of Business,* No 707 N. Bulto

Thos Opie M. D.
Medical Attendant.

*Address,* 179 N. Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85572 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Banks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 28 Forrest st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Aug 2d 1885

*Undertaker,* Wm E Burgee

*Place of Business,* 62 East st

H C Gorsuch M. D.
Medical Attendant.

*Address,* Asst Health Office

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85573. *Office of Registrar of Vital Statistics.* Ward 1 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE, MD

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Green

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days*

*Color,* ~~Col~~

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 98 N. Amity

*Cause of Death,* First (Primary), Diphtheria of Larynx & Trachea

*

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 1st 1885

*Undertaker,* Wm M Bunger

*Place of Business,* 62 East St

John Neff M. D.
Medical Attendant.

*Address,* 202 N Carrollton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85574 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest L. Green

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 9 *Months.* ... *Days*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 90 N. Amity St

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Convulsions

*Duration of Last Sickness,* Twenty four hours

All the above information should be furnished by the Physician.

*Place of Burial,* Shark Hill cemetery

*Date of Burial,* Aug 1st 1885

*Undertaker,* Wm C. Burger

*Place of Business,* 62 East St | *Address,* Dolan Court

John Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85575 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH AUG 1 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Revend G. A. Hugo Hauser Hauer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Minister

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} N° 62 N Fremont

*Cause of Death,* First (Primary), Medullar Carcinoma

Second (Immediate), Tumor in the abdomen

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemetery

*Date of Burial,* August 2

*Undertaker,* Andrew Rohde

*Place of Business,* 4 & Penna Ave

Henry Salzer M. D.
Medical Attendant.

*Address,* 169 N. Charles St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85546 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Rogers

*~~Sex, Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single,~~ ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Some Years

*Place of Death,* {Give street and Number.} 247 N. Eutaw St.

*Cause of Death,* First, (Primary,) Tuberculosis - Pulmonum

Second, (Immediate,) Haemorrhage

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* July 31st 85

Chas. H. Riley M. D., Medical Attendant.

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* 306 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

# Health Department, City of Baltimore.

Permit No. 85577 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Breitschwerdt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Blacksmith.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Forty-~~five~~ years

*Place of Death,* {Give Street and Number.} # 263 Alice Anna

*Cause of Death,* First (Primary), Cholera Morbus.

Second (Immediate), Age

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Centry.

*Date of Burial,* August 3th 1885

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Anna

John H. Rehberger M. D.
Medical Attendant.

*Address,* 263 Alice Anna

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8878 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 1 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliella C. Streets

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* ..... *Months.* ..... *Days*

*Color,* colt

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* ~~~

*Place of Death,* {Give Street and Number.} 287 Park ave

*Cause of Death,* First (Primary), Cancer: schirus of Right breast

Second (Immediate),

*Duration of Last Sickness,* 14 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Parks

*Date of Burial,* Aug 2nd 1885

G Lane Tanyhill M. D.
Medical Attendant.

*Undertaker,* D Estey & Mitchell

*Place of Business,* 550 W Fayette *Address,* 219 Madison ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85379 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Andreshak

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 117 Lancaster St

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cimiteri

*Date of Burial,* Augst 1st 1885

*Undertaker,* F Disch & Co

*Place of Business,* 215 S Bond St

John H. Kelberg M. D.
Medical Attendant.

*Address,* 243 Aliceanna St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85580

## Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 1 1885

# CERTIFICATE OF DEATH. C

*Date of Death,* July 31

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Baines

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 9 Months, Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.}

*Cause of Death,* First (Primary), Measles Gunnells Pt

Second (Immediate), Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe Cemetery

*Date of Burial,* August 2 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Eden West st

C. L. Bond M. D.
Medical Attendant.

*Address,* 210 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 85581

*Office of Registrar of Vital Statistics.*

16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 1st, 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Scarbrough

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

*Age,* ..... *Years,* 7 *Months,* 7 *Days.*

*Color,* Cold

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Whole Life

*Place of Death,* { Give street and number. } 73 Burgundy Al

*Cause of Death,* First, (Primary.) Scrofula

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* 3 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Fullerton Cemetery

*Date of Burial,* Aug 2d 1885

*Undertaker,* J. Rose

*Place of Business,* Rose & Conway

D. C. Smith M.D.,
Medical Attendant.

*Address,* 106 Columbia Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85382 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BRANCH REGISTRY OFFICE AUG 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis E. Heup

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 21 *Days*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 71 Chestnut Alley

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 71 Chestnut Alley

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate),

*Duration of Last Sickness,* Life Time

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 1st 1885

*Undertaker,* A Heuser

*Place of Business,*

James A Steuart M. D.

*Address,* Cor Pratt & Pine

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown Funeral Director

# Health Department, City of Baltimore.

Permit No. 83383 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Watson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days*

*Color,* Col.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Hod carrier

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 16 Cedar Row

*Cause of Death,* First (Primary), Stricture,

Second (Immediate), Septicaemia

*Duration of Last Sickness,* two years

All the above information should be furnished by the Physician.

*Place of Burial,* Edmondson Cemetery

*Date of Burial,* Aug 1st 1885

*Undertaker,* Saml M. Chase

*Place of Business,* 198 S. Howard St.

Geo. A. Fleming M. D.
Medical Attendant

Address, Franklin & Greene

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85384 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 1 / 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 14 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City

*Duration of Residence in the City of Baltimore,* 14 days

*Place of Death,* {Give Street and Number.} 1 Williams Row

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 2nd

*Undertaker,* B Hartt

*Place of Business,* 82 West st

R H P Ellis M. D.
Medical Attendant

*Address,* 313 Lex

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 8858 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Arnold

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 1 *Months,* 15 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } City - Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 26 Stockton St

*Cause of Death,* First (Primary).

Second (Immediate). Cholera Infantum 8½ Days

*Duration of Last Sickness.*

All the above information should be furnished by the Physician.

*Place of Burial.* Sweet Home

*Date of Burial,* August 2

*Undertaker* Walter Immel

*Place of Business,* 315 W. Biddle

Alex Ingleby M. D.
Medical Attendant.

*Address,* 386 S. Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 86586 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE MD.

*Date of Death,* July 31. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Basil Ramp

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 208 N. Eldorado Pl. East.

*Cause of Death,* First (Primary), Colitis

Second (Immediate), Meningitis

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 2nd 85

*Undertaker,* G. Franz

*Place of Business,* Franz & Wolfe *Address,* Balt. & Gaul Sts.

C. C. Lusk M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8558 7

*Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1 1885

*Date of Death,* July 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kratzer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* — *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 71 S. Wolf Street

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), About one week

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug. 2nd 85

*Undertaker,* G. O Baner

*Place of Business,* Bank & Wolfe St *Address,* 15 S Broadway

H. L. Dashiell Jr M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85588. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 1" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Griffin

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 11 *Months,* ——— *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 210 West 8?

*Cause of Death,* First (Primary),

Second (Immediate), Chr" Infantum

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Aug 3" 1885

*Undertaker,* A Ross

*Place of Business,*

James A Steuart M. D.
Medical Attendant.

Com of Health Registrar
*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John, E, Mudinger Inspector

# Health Department, City of Baltimore.

Permit No. 85589 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 1 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria McIntyre

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} - Ireland -

*Duration of Residence in the City of Baltimore,* About 30 Years

*Place of Death,* {Give Street and Number.} S. W. Arlington Ave

*Cause of Death,*
First (Primary), .....
Second (Immediate), Endocarditis

*Duration of Last Sickness,* About 6 or 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* H Dales Cemetery

*Date of Burial,* Aug 2

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore *Address,* 582 W. Fayette

W. R. McAllen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85590 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* *Months,* 3 *Days*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 274 N. E. Donaugh st

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Lanvale Cemetery

*Date of Burial,* Aug 31st 1885

*Undertaker,* W. W. Maddux

*Place of Business,* 46 Pratt *Address,* 137 Eden

Wm. Gross M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85591 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Blundell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* *Months,* 6, *Days*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth,

*Place of Death,* {Give Street and Number.} 4 Wilkens Ave,

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bone Brae

*Date of Burial,* Aug 2nd 1885

I. R. Wilson M. D.
Medical Attendant.

*Undertaker,* Leary & Mitchell

*Place of Business,* 530 W Fayette *Address,* 837 W Lexington St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85592

*Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 1 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Silver

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 3 *Months,* 16 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 Years

*Place of Death,* {Give Street and Number.} 67 Millinan St

*Cause of Death,* First (Primary),

Second (Immediate), Cerebral Softening

*Duration of Last Sickness,* About 17 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* Aug 2d 1885

*Undertaker,* Adam Fiery

*Place of Business,* 467 N. Gay St *Address,* 368 N. Broadway

H. H. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 83593. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 1 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 31, 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Ladder

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 8 d *Years,* — *Months,* 5 *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 91 E Hanover abv

*Cause of Death,* First (Primary), suddenly of

Second (Immediate), heart disease & asthma

*Duration of Last Sickness,* about 1/2 year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 2 d 1885

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N Eutaw

Wm A. Jarvis M. D.

~~Medical Attendant~~. Coroner

*Address,* 326 Hollins

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 30594 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1885 - at 4:30 a.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Nancy Dawes

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 5 *Months,* 8 *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Feb'y 24th 1809.

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and Number.} 102 Cathedral St.

*Cause of Death,* First (Primary), Acs Chronic Bronchitis

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 4 days.

the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 3

*Undertaker* Wm. Wearer

*Place of Business,* Eutaw

Christopher Johnston Jr. M. D.
Medical Attendant.

*Address,* 82 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Health Department, City of Baltimore.

Permit No. 55595 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baasmand O. A. Olson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Abt 20 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Mariner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Norway

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} Off Ocean Steam Ferry Pier 32 - Locust Point

*Cause of Death,* First (Primary), .....

Second (Immediate), Accidental drowning

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* Aug. 1st 1885

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bway,

Lyst Beck M. D.

~~Medical Attendant~~ Coroner

*Address,* 161 Bank St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85596. *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED AUG 3 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 1. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant child of Samuel & Alice Sutton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life.

*Place of Death;* {Give Street and Number.} 256 Penna Ave

*Cause of Death,* First (Primary), Prematurity

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bate Co

*Date of Burial,* August 2 85

*Undertaker,* Jos B Cook

*Place of Business,* 707 Balto St *Address,* Penna Ave

J. Rotert M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back.

# Health Department, City of Baltimore.

Permit No. 85597 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Preller

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* — *Years,* 1 *Months,* — *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 176 E. Chase St.

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate),

*Duration of Last Sickness,* 6 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 3d 1885

*Undertaker,* Henry Hoch

*Place of Business,* 3 of N Central Ave Address, 186 Aisquith St

H. L. Reinold M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83395 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 2 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 1st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Farring

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~—~~ *Years,* 9 *Months,* 11 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} E. N. Arlington ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), " "

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cimetry

*Date of Burial,* Aug 3rd 85

*Undertaker,* J. Hans

*Place of Business,* 30 Mintros st *Address,* 179 N. Howard St

Thos Opie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85599 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kallar

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* ..... *Months,* ..... *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* Eighteen yrs.

*Place of Death,* {Give Street and Number.} 49 N. Bruneau St.

*Cause of Death,* First (Primary), Chronic Pelvic

Second (Immediate), Anasarca

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Com.

*Date of Burial,* Aug 3 1885

G. G. Cook M. D.

Medical Attendant

*Undertaker,* John Henrici.

*Place of Business,* 382 Orleans *Address,* Balto & Ins. Co

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this...

# Health Department, City of Baltimore.

Permit No. 8260

## Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

B

*Date of Death,* Aug 25 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* few hours *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 26 Columbia Ave

*Cause of Death,* First (Primary), Premature birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetry

*Date of Burial,* August 2

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw

Edwd F. Michaelson M. D.
Medical Attendant.

*Address,* 283 W Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85601 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 2 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Yaskulska

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 0 *Months.* 0 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} # 260 S. Dallas St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Aug 2 85

*Undertaker,* F Civo & Co

*Place of Business,* 215 E Comm St

John H. Rohlfing M. D.
Medical Attendant.

*Address,* 243 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85602 — *Office of Registrar of Vital Statistics.* 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Oshankefsky

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 77 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Prussia.

*Duration of Residence in the City of Baltimore,* 6 Years.

*Place of Death,* {Give street and number.} 43 Lancaster St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cholera Morbus.

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* H Oglehouras Smith

*Date of Burial,* August 4 85

*Undertaker,* E Crouch & Co

*Place of Business,* 215 S Onn St

J. J. Sullivan, *M.D.,*
Medical Attendant.

*Address,* 116 Thames St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 86603 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 2 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elnora Squires

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 29 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 107 Ledenhall St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mound Prisbd Cem

*Date of Burial,* Aug 3 1885

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* 146 [illegible]

Thomas Opie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

# Health Department, City of Baltimore.

Permit No. 85604 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of ~~this Certificate,~~ *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jones

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* *Months,* *Days*

*Color,* Colored

*Married,* ~~*Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} No 45 Chesnut Alley

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Old-Age

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem

*Date of Burial,* August 2nd 1885

*Undertaker,* Morgan & Pye

*Place of Business,* 9 Mulberry *Address,* [illegible]

James A Clines M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H Henry M A Kewen Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 85605 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 2. 1885

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ann Kopp

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* *Months,* *Days*

*Color,* Blk

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 4 S Duncan Alley

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 2 nd 1885

*Undertaker,* J J Locke

*Place of Business,* 473 Jefferson St

S. H. Hoffman M. D.
Medical Attendant.

*Address,* 346 E Balto St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85606 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT.
AUG 2 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anfang

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 7 *Months.* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 27 Port st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 48 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem.

*Date of Burial,* Aug 3rd '85

*Undertaker,* E. Franc

*Place of Business,* Bank & Wolfe st

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 22 Saratoga Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

# Health Department, City of Baltimore.

Permit No. 85107 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1 St 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Connelly

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 28 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 210 N Caroline St

*Cause of Death,* {First (Primary), Congested Brain

Second (Immediate), Extreme exhaustion

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 3 1885

*Undertaker,* John Lake

*Place of Business,* 2018 Balto St

Milton T Taylor M. D.
Medical Attendant.

*Address,* 138 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85/1118 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE

## CERTIFICATE OF DEATH. a

*Date of Death,* August 2d, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C. Wallace

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Four 4/1 Months. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 263 North Ann Street

*Cause of Death,* First (Primary), Hydrocephalus

Second (Immediate), Convulsions

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 3d 1885

*Undertaker,* John Lafe

*Place of Business,* 201 E. Balto St

Wm. H. Clendinen, M. D.
Medical Attendant.

*Address,* No 102 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85609 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE AUG 3 1885 BALTIMORE

B

# CERTIFICATE OF DEATH.

*Date of Death,* August 2d 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marshall Stevens.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 5 *Months,* 12 *Days.*

*Color,* Black.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 25 Mason Alley

*Duration of Residence in the City of Baltimore,* 5 months 12 days.

*Place of Death,* {Give street and Number.} 29 Mason Alley

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Inanition

*Duration of Last Sickness,* 18 Hours

the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 3 1885

Geo. C. Shannon M. D.
Medical Attendant.

*Undertaker* Alf Hemsley

*Place of Business,* 116 Richards *Address,* 167 N. Biddle St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 85110 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
AUG 3 1885
REGISTRAR

*Date of Death,* 8.2.85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hepsibeth Emory

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 15 *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 203 W Pratt St

*Cause of Death,*
First, (Primary,) Cholera Infantum
Second, (Immediate,)

*Duration of Last Sickness,* few days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery
*Date of Burial,* August 3 1885
*Undertaker,* Abel Hemsley
*Place of Business* 116 Orchard

R. M. Coolidge M. D.,
Medical Attendant.
*Address,* 349

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on 5

# Health Department, City of Baltimore.

Permit No. 85411 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st-1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ella Maguire

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeper.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 10 Yrs

*Place of Death,* {Give Street and Number.} St. Joseph's Hospital

*Cause of Death,* First (Primary), Acute Diarrhea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Aug 3/85

*Undertaker,* J. B. Meeks

*Place of Business,* 707 W. Balto St *Address,* 188 W Clay

Alex J Cotton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

# Health Department, City of Baltimore.

Permit No. 85412 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 1st 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes L Lanekin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* 24 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 12 N Caroline St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* Aug 3/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St, *Address,* [illegible]

G Winston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8611 3 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. 1865

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 2 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Hemmer.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* ..... *Months* ..... *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* Collector

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 504 Druid Hill Ave.

*Cause of Death,* First (Primary), .....

Second (Immediate), Apoplexy.

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 4

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Baltimor

E. McReid M. D.
Medical Attendant.

*Address,* 243 N. Fremont St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8544 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MD

*Date of Death,* Aug. 12 1885 (about)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Kevan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* — *Months,* — *Days*

*~~Color~~,* Color, white

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Don't Know

*Place of Death,* {Give Street and Number.} Back Basin

*Cause of Death,* First (Primary), Asphyxia, caused by

Second (Immediate), being accidentally drowned.

*Duration of Last Sickness,* 3 Minutes.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* August 13 1885

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St

Alex. Hill, M. D.
Medical Attendant.

Address, Coroner Eastern Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

# Health Department, City of Baltimore.

Permit No. 85615 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F Macullar

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Brockton, Mass.

*Duration of Residence in the City of Baltimore,* 1 yr 4 mo.

*Place of Death,* {Give Street and Number.} 402 E n Int ave

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asthenia

*Duration of Last Sickness,* about six days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 3d

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Sq and *Address,* 2 W Bunting

D W Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8526 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Reeside

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 530 Cross St

*Cause of Death,* First (Primary),

Second (Immediate), Diph Membd

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Batt Cemetary

*Date of Burial,* August 28 1880

*Undertaker,* Wm H. Hickman

*Place of Business,* 1234 Gay St

L. C. Bucks M. D.
Medical Attendant.

*Address,* 15 1 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85617 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara V. Spence

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 35 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 163 Orleans St.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* August 3rd 1885

*Undertaker,* W. H. Hickman

*Place of Business,* 1234 Pine St. *Address.*

E. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

# Board of Health, City of Baltimore.

Permit No. 8578 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1895 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Edward Young

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *~~Months~~,* 14 ——— *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Virginia

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 4 Trinkard Al

*Cause of Death,* First (Primary), Mal assimilation — Set on bottle illegitimate baby — adopted by Mrs Young

Second (Immediate), & Enteritis

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 1895

*Undertaker* Richard L Lynch

*Place of Business,* 62 East St

A C Polk M. D.
Medical Attendant.

*Address,* 599 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 8576 19 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezra V Warfield

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 25 *Days*

*Color,* Bk

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 16 Little Broadway Court

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 3 1885

*Undertaker,* William H Singer

*Place of Business,* 65 East st

G. A. Bilton M. D.
Medical Attendant.

*Address,* 51 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 85620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 1. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Mary Germain

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* 3 *Months,* ~~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 79 Valley St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Emmitsburg Road Balto. Co.

*Date of Burial,* Aug 3. 1885

Chas. J. King M. D.
Medical Attendant.

*Undertaker,* D. A. H. Hickman

*Place of Business,* 2340 E. Jay St. *Address,* 215 N. Carrollton

### *Extract from Regulations of the Board of Health to secure a Full and Correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Health Department, City of Baltimore.

Permit No. 8321 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Johnston.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Forty Years

*Place of Death,* {Give Street and Number.} 405 E Pratt St. Balto.

*Cause of Death,* First (Primary), Old age.

Second (Immediate), Asthenia.

*Duration of Last Sickness,* a few days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 4th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 66 S Broadway

Address.

Mount Smith M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

# Health Department, City of Baltimore.

Permit No. 85722 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* Three *Months.* 0 *Days*

*Color,* Light copper

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Three Months

*Place of Death,* {Give Street and Number.} No 99 Orchard st

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Marasmus

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Aug 4th 1885

*Undertaker,* Wm J Gray

*Place of Business,* 63 Mt — 7

Buy F. Bohres M. D.
Medical Attendant.

*Address,* Cor Mulberry & Gre

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85623 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Warner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, Eight Months. Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Eight months

*Place of Death,* {Give Street and Number.} 42 Boyd St City

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Seven weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Aug 3/85

*Undertaker,* G. H. Lumbard

*Place of Business,* 38 & 40 S. Bond St. *Address,* 205 N. Louisiana St

Edwin P. Turner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86624 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

## CERTIFICATE OF DEATH.

*Date of Death,* August 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. H. Welch

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* — *Months,* — *Days*

*Color,* Wht.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Trimmer of Electric Lamps

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} Cor. Bush & Madison Sts.

*Cause of Death,* First (Primary), Shock from elec. Lamp

Second (Immediate), while fixing same

*Duration of Last Sickness,* 3 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Bone Boue Cem.

*Date of Burial,* Aug 2 1885

*Undertaker,* W. Rosenberger

*Place of Business,* 7 S. Paca

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

# Health Department, City of Baltimore.

Permit No. 85625 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kaspar.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 5-9 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Labrer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 15 yrs.

*Place of Death,* {Give Street and Number.} St. Josephs Hospital

*Cause of Death,* First (Primary), Congestion of Brain.

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. James Cem

*Date of Burial,* August 3/85

*Undertaker,* F. Evach & Co.

*Place of Business,* 249 N. Durham Address, 188 E. Calvert St

Oscar Courtney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 8526 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kasper Haas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 65 *Months,* 2 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 76 Grindall St.

*Cause of Death,* First (Primary), Exhalation

Second (Immediate), Coma.

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem.

*Date of Burial,* Aug. 3d

*Undertaker,* B. Harle

*Place of Business,* 82 West St. *Address,* 170 S. Charles St

H. Gunkel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blank [illegible]

# Board of Health, City of Baltimore,

Permit No 85627 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Seth

*Sex,* [redacted] *Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* [redacted] *Months,* [redacted] *Days.*

*Color,* White

*Ma[redacted]gle, Widow [redacted]* {Cross out the word not required in this line.}

*Occupation* [redacted]

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} # 153 Hillen

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate),

*Duration of Last Sickness,* 7 days

the above information should be furnished by the Physician

*Place of Burial,* St Alphonses Cemetry

*Date of Burial,* Augt. 4th

*Undertaker* B. Hoole

*Place of Business,* 82 West St

Geo. H. Ranson M. D.
Medical Attendant.

*Address,* 44 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85628 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Coyne

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} Pr Jones Tunnel 2nd Locust 1 & ½ sts

*Cause of Death,* First (Primary), Accidental drowning

Second (Immediate), " "

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem.

*Date of Burial,* Aug 3rd 85

*Undertaker,* G. Franc

*Place of Business,* Bank & Wolf Address, 161 S. Sharp St

Last Seen M. D.

~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85629 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Coyne

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 2 *Months.* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 47 of Second & Fawsett Sts Locust Point

*Cause of Death,* First (Primary), Accidental drowning

Second (Immediate), " "

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Com.

*Date of Burial,* Aug 3rd 85

*Undertaker,* G. Brann

*Place of Business,* Frank & Wolfe Address, 161 E Pratt St

L A Bissell M. D.
~~Medical Attendant.~~
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 35630 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ward

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* 0 *Months,* 0 *Days*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Oyster Shucker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* 39 Years

*Place of Death,* {Give Street and Number.} No 119 Chestnut Alley

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Monument Cemetery

*Date of Burial,* Aug 3 1885

*Undertaker,* William Dorsey

*Place of Business,* 62 East St

Benj F Bohn M. D.
Medical Attendant.

*Address,* Cor Green & Mulberry sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 85631 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT RECEIVED AUG 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw Henry Liebst

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 181 N. Front

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Aug 3d 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 115 N. Gay St *Address,* 171 2 Canton

Geo. W. Gamon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 55632 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. AUG 3 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 2/885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Hoffman

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* 9 *Months,* 19 *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 54 yrs

*Place of Death,* {Give Street and Number.} 25 E Pratt St

*Cause of Death,* First (Primary), ....

Second (Immediate), Genera Adynamia

*Duration of Last Sickness,* Some weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Aug 4th 1885

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Caroline *Address,* 882 Balto St

A Freyschlag M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 85633 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie & Jeffrey Jenkins (Parents)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 1 Hour ~~Days~~

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 1 Broadway Alley

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate),

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Public Cem

*Date of Burial,* August 3rd 1885

*Undertaker,* Geo Rinehart

*Place of Business,* 23 Forrest Place *Address,* [illegible]

James A Heuisler M. D.
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry McMcKewen Sanitary Inspector [over.]

# Health Department, City of Baltimore.

Permit No. 85634 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1885 BALTIMORE MD.

*Date of Death,* Aug 2nd 1885

*Full Name of Deceased,* {White legibly and spell correctly. If an Infant not named, give names of parents.} Richard Grey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* ..... *Months.* ..... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 22 N. Durham St

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Convulsion

*Duration of Last Sickness,* 13 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Evergreen Cemetery

*Date of Burial,* Aug 3rd 1885

*Undertaker,* Thos J. Lochs

*Place of Business,* 73 Jefferson St *Address,* 132 Eden St

D. A. Gundry M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85635 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 30. August 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kleinschmidt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Posen, Germany

*Duration of Residence in the City of Baltimore,* 8 months

*Place of Death,* {Give Street and Number.} E. Lutherstreet 295

*Cause of Death,* First (Primary), Degeneratio cerebri

Second (Immediate), Hydrops Anasarca

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub. Cemetery

*Date of Burial,* Aug. 31st 85

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Place

William Henkel M. D.
Medical Attendant.

*Address,* E. Wolfe & 11th.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85636 *Office of Registrar of Vital Statistics,* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HAROLD FRANKLIN
AUG 5 1885
BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Helene Mueller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 20 *Years,* — *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 170 Arlington ave

*Cause of Death,* First (Primary), Cold

Second (Immediate), Enteró-Peritonitis

*Duration of Last Sickness,* One week

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 4th 1885

*Undertaker,* Phillips Seewald

*Place of Business,* 35 S. Eutaw St *Address,* 36 S. Eutaw St

J. E. Clagett M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 85637 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 8 Aug 2 - 85 - 4 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Isaacs

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 28 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Russia — 12 yrs America

*Duration of Residence in the City of Baltimore,* 4 yrs

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Effects of Overheat

Second (Immediate), & Exhaustion

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Russia ~~[illegible]~~ Cemetery

*Date of Burial,* August 3

*Undertaker,* I Ehrens

*Place of Business,* 28 Hughes *Address,* City Hospital

E Van Hood M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 85638 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE MD

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Fick.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* 24 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} #7 Bantaloo St.

*Cause of Death,* First (Primary), Intestinal Catarrh.

Second (Immediate), Asthenia

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible] Cem.

*Date of Burial,* August 4th 85

*Undertaker,* Mrs. L. Hans

*Place of Business,* No. 30 Eastern Ave. *Address,* 258 Frederick Ave

G. F. Boucsein M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 85639

*Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Robinson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days*

*Color,* Black

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 195 Saratoga St

*Cause of Death,* First (Primary),

Second (Immediate), Debility from old age.

*Duration of Last Sickness,* about 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* August 4th

*Undertaker,* H. H. Goodman

*Place of Business,* 65 Baltimore Address, Cor E. Lombard St

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

# Health Department, City of Baltimore.

Permit No. 85649 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 4 1885
BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} * 160 Burgundy alley

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Spasm

*Duration of Last Sickness,* 1 day.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 3rd 1885

*Undertaker,* Wm. S. Hacker

*Place of Business,* No 150 Saratoga

C. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85641

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose A. Gough

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* about 24 *Years,* ~~~ *Months,* ~~~ *Days.*

*Color,* Colored

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laundress.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

*Duration of Residence in the City of Baltimore,* 3 yrs.

*Place of Death,* {Give street and number} 61 Whatcoat St.

*Cause of Death,* First, (Primary.) Consumption of the lungs.

Second, (Immediate.)

*Duration of last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Aug 4th 1885

*Undertaker,* Saml M. Chase

*Place of Business,* 198 E. Howard st

John T. Kind M. D.
Medical Attendant.

*Address,* 215 N. Carrollton ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 85642 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

C

*Date of Death,* August 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Wilson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* 12 *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 8 Boyd St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Inanition

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Shark H. Cemetery

*Date of Burial,* Aug. 4th 1885

*Undertaker,* Saml W. Shaw

*Place of Business,* 198 S. Howard St. *Address,* 298 W. Lombard St.

H. W. Webster M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

No. 85643

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85643 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia M. Carter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 60 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give Street and Number.} 352 Mosher St, Balto Md

*Cause of Death,* First (Primary), Cardiac Debility

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Fair Mount Cemetery~~ Loudon Park Cem

*Date of Burial,* Aug 4th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W. Fayette

J. E. Clagett M. D.
Medical Attendant.

*Address,* 36 S. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 55644

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85644 *Office of Registrar of Vital Statistics.* Ward 47

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Reily

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore.* 60 years

*Place of Death,* {Give Street and Number.} 55 E Fayette St

*Cause of Death,* First (Primary), Chronic Cystitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 4" 1885

Geo B Reynolds M. D.
Medical Attendant.

*Undertaker,* Jas P Byrne

*Place of Business,* 63 N Hunt St *Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause, and date of death.

[OVER.]

No. 1 0 6 4 5

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 85645 *Office of Registrar of Vital Statistics.* **Ward** 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 4 1885

74

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30 - 3,00 a.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Weir

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 47 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Plasterer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Coup de Soleil

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 4/85

*Undertaker,* Ant. Fry

*Place of Business,* 81 N Broadway

E Van Hood M. D.
Medical Attendant.

Address. City Hosp.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85646 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 4 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Ruppert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give Street and Number.} 56 Hillman

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 4th 1885

*Undertaker,* Fred Gaede

*Place of Business,* 84 Caroline *Address,* 234 N. Eutaw

C. F. Taylor M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85647 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3. '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Halloran

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Fireman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland, about 27 years.

*Duration of Residence in the City of Baltimore,* 25 years.

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Fracture of skull

Second (Immediate), Shock

*Duration of Last Sickness,* Seven hours

All the above information should be furnished by the Physician.

*Place of Burial,* St peters

*Date of Burial,* Aug 5th

*Undertaker,* John J Coman

*Place of Business,* 87 Holliday st

C. H. Mitchell M. D.
Medical Attendant.

Address, University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 2 3648

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 83648 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH BOARD AUG 4 1885 BALTIMORE MD

*Date of Death,* Aug 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd C. Hopkins

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2. *Years,* *Months,* 5 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City, Md.

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* {Give Street and Number.} 96 S. Eaton St.

*Cause of Death,* First (Primary), Dentition,

Second (Immediate), Dysentery,

*Duration of Last Sickness,* Two Weeks.

All the above information could be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 6/85.

*Undertaker,*

*Place of Business,*

John L. Kriegs, M. D.
Medical Attendant.

*Address,* 278 Lexington St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 85649

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85649 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3rd 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fitzsimmons.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} East-o City, Md.

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* {Give Street and Number.} 535 N. Saratoga St.

*Cause of Death,* First (Primary), Cholera Infantum,

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Two Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* Aug 4

*Undertaker,* J B Cook

*Place of Business,* J B Cook

John L. L. Kloppe, M. D.
Medical Attendant.

*Address,* 275 Lexington St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85650 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Neaman nee

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* *Days*

*Color,* White

*Married,* Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 33 N. Gay St

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park Cem'y

*Date of Burial,* Aug 5th 1885

*Undertaker,* J. B. Rosing

*Place of Business,* 125 Orleans St *Address,* 196 E Baltimore

Wm M Hill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 0 0 6 0 7

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8565 / *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE. 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3d, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Ward

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 184 S Ann St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount cem

*Date of Burial,* Aug 4th 1885

*Undertaker,* H. C. Sanders & Son

*Place of Business,* 252 Canton Address, H. C. Sanders M. D.

Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 9652

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85632 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. J. Conaway

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 11 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 10 [illegible] between Fremont & Lemmon

*Cause of Death,* First (Primary), Cerebral Congestion

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* New Methodist cem

*Date of Burial,* Aug. 5th 1885

*Undertaker,* H. Sanders Son

*Place of Business,* 252 Pratt St. *Address,*

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85653 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* July 31 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Booth

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* ..... *Months.* ..... *Days*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Seamstress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give Street and Number.} 70 Lemmon alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cemetery

*Date of Burial,* Aug 4th 1885

*Undertaker,* Thos J Jacks

*Place of Business,* 73 Jefferson st

L Suttenfield M. D.
Medical Attendant.

*Address,* 29 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85652 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH AUG 4 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincents.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* — *Days* 7

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Infant Asylum.

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* Aug 4/85

*Undertaker,* Robt Robinson.

*Place of Business,* Dissin & Emmert

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85655 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 3rd August 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel C Taylor

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* ..... *Months,* ..... *Days*

*Color,* W

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bal

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 30 Camden st

*Cause of Death,* First (Primary), Heat Exhaustion

Second (Immediate), .....

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 5th 1885

*Undertaker,* C F Kraus & Son

*Place of Business,* 209 W Conway

H W McKim M. D.
Medical Attendant.

*Address,* 101 Barre

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 4 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Josie Clemm Stokes

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* 5 *Years,* 2 *Months,* ..... *Days.*

*Color,* — *Sex,* —

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — —

*Occupation,* — —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Portsmouth Va.

*Duration of Residence in the City of Baltimore,* 6 days

*Place of Death,* {Give street and number.} 265 E Biddle St.

*Cause of Death,* First (Primary,) Pseudo-membranous Angina

Second (Immediate,) .....

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Portsmouth Va

*Date of Burial,* Aug 5/85

John H. Bolton M. D.
Medical Attendant.

*Undertaker,* Geo D Schilling

*Place of Business,* *Address* 239 N. Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85657 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 61 *Years,* 6 *Months,* *Days*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 365 W Bond St

*Cause of Death,* First (Primary), Lymphadenoma.

Second (Immediate),

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 5th

*Undertaker,* Geo Schilling

*Place of Business,* Hillen & Lynch

D W Cathell M. D.
Medical Attendant.

*Address,* 2 W Bmore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85658 *Office of Registrar of Vital Statistics.* Ward 10 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 8. 4. 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. R. Diedel

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 2 *Months,* 1 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

*Duration of Residence in the City of Baltimore,* 1 month

*Place of Death,* {Give street and Number.} 79½ N. Poplar Ln 82

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* one week

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug 4/85

*Undertaker,* J. Bleeker

*Place of Business,* 707 W. Balto St.

H. H. Saulsbury M. D., Medical Attendant.

*Address,* 349 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 25659 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2d 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary G. Felts.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* Three months.

*Place of Death,* {Give Street and Number.} 184 N. Chester St.

*Cause of Death,* First (Primary), Phthisis pulmonalis.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Three weeks.

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Co

*Date of Burial,* Aug 4th 1885

*Undertaker,* Denby Mitchell

*Place of Business,* 658 Broadway

Charles Shipley M. D.
Medical Attendant.

*Address,* 139 N. Charles St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 0 6 6 0

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85660 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Witucka

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 12 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} # 264 S. Broadway

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* August 4th 1885

*Undertaker,* Frank Krach & Co

*Place of Business,* 215 S. Ann St *Address,*

Samuel Klemz M. D.

~~Police Physician~~

Druggist & C

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John etc. De Guez Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85661 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 4 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Blechenstein

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} 70 & Hill St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetery

*Date of Burial,* Aug 4th 1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Place

E. Hulse Randall M. D.
Medical Attendant.

*Address,* 1824 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85662 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Lowry Wright

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 30 hrs *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 30 hrs.

*Place of Death,* {Give Street and Number.} Preston St. 2nd door W. of McKim

*Cause of Death,* First (Primary), Premature birth (6 months)

Second (Immediate), Inanition

*Duration of Last Sickness,* 30 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 3/85.

*Undertaker,* H C Kitchen

*Place of Business,* 90 Green Mt Ave *Address,* 305 N. Carolina St

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85663 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 3rd August 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Quinn

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* *Months,* *Days*

*Color,* W

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 88 1/2 N Howard st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Peters Cem

*Date of Burial,* August 5th 1885

*Undertaker,* John J Andrews

*Place of Business,* No 416 Druid Hill Ave

H C Nelson M. D.
Medical Attendant.

*Address,* 101 Barre

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 85664 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1885

C

# CERTIFICATE OF DEATH.

*Date of Death,* August 3. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mamie Dorsey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* / *Years,* 5 *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City — Since Birth

*Duration of Residence in the City of Baltimore,* 48 Boyd St

*Place of Death,* {Give street and Number.}

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 or 5 days —

All the above information should be furnished by the Physician.

*Place of Burial* Sharp St Cemetery

*Date of Burial,* August 3 1885

*Undertaker* William A. Zinger

*Place of Business,* 62 East St

A. Watts M. D.

Medical Attendant.

*Address,* 232 W. Pombord

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85765 — *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1885 BALTIMOR

## CERTIFICATE OF DEATH.

*Date of Death,* August 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Plum

~~Son~~, Male ~~or Female~~, {Cross out the word not required in this line.} Male

*Age,* 17 *Years,* *Months,* *Days.*

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Assistant Bookkeeper

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} Hebrew Hospital

*Cause of Death,* First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Dyspnoea

*Duration of Last Sickness,* 2d

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Cemetery

*Date of Burial,* 4 Aug 1885

*Undertaker,* O. Attfield

*Place of Business,* 42 & High St

A Friedenwald M. D.,
Medical Attendant.

Address, 88 N Eutaw Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85666

*Office of Registrar of Vital Statistics.* 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Edwin Farb

*Sex, ~~Male or Female.~~* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* ——— *Days.*

*Color,* White

*~~Married, Single,~~ Widow or Widower,* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} 150 Lowth. ✓

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Pt. Alt. Ground Ct

*Date of Burial,* Aug 5 1885

*Undertaker,* Henry Hoeda

*Place of Business,* 309 W Pratt St *Address,* Balto

[signature] M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85667 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hümmer,

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* Eleven (11) *Months,* ——— *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.} Defaut

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and Number.} 115 Eastern Avenue

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial* St Alphonsus

*Date of Burial,* Aug 5

*Undertaker,* W J Bippel

*Place of Business,*

Geo. W. Hamill M. D.,
Medical Attendant.

*Address* 377 North St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85668 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karoline Siegenheim

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 8 *Months.* 7 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} ~~Canal~~ Boat in harbor

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holmes Cemetery

*Date of Burial,* August 6 '85

*Undertaker,* F Crouch & Co

*Place of Business,* 217 Penn St

E J Cleaver M. D.
Medical Attendant.

*Address,* 513 Eden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85669 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd, 1885. 8,8 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Smith.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* ——— *Months,* ——— *Days*

*Color,* Colored.

*Married,* ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* cook, & washerwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carrol County, Maryland.

*Duration of Residence in the City of Baltimore,* 15 years.

*Place of Death,* {Give Street and Number.} 95 Hinson Alley.

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Hemorrhage from Lungs.

*Duration of Last Sickness,* Has been confined to bed for past 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* AUG 5 1885

*Undertaker,* William V Dunger

*Place of Business,* #62 East St

F. Donaldson per Et Seq. M. D.
Medical Attendant.

*Address,* U.M. Hospital.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85670 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harrison Cooper

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* 9 *Months.* 27 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 33 East St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 5th 1885

*Undertaker,* Wm. L. Lange

*Place of Business,* 62 East St

J. E. Gorsuch M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8567 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac H. Bell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Machinist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore co. Md.

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} 930 W. Baltimore

*Cause of Death,* First (Primary), Suddenly of

Second (Immediate), Heart Disease

*Duration of Last Sickness,* about ten minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 4

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

Wm A Jones M.D.

~~Medical Attendant~~ Coroner

*Address,* 32 E Hallin st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85672 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Heinzerling

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 11 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 266 Columbia ave.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Septicaemia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem

*Date of Burial,* Aug 5. 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 298 W. Lombard st.

H. W. Webner M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85673 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilie Jane Gerbrick

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 7 *Months,* 26 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 168 N. Mount St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 6/85

*Undertaker,* J. B. Root

*Place of Business,* 707 W. Balto St *Address,* 20 E. St Paul Ave

John Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 85674 ; *Office of Registrar of Vital Statistics.* Ward 9 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH. 74

*Date of Death,* Aug 5 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Hall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days,*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 57 St Paul

*Cause of Death,*
First (Primary),
Second (Immediate). Marasmus

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 5th 1885

H. Blair M. D.
Medical Attendant.

*Undertaker* Geo Kinehart

*Place of Business,* Forest Place *Address,* 1[illegible] Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore, 3 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 5 1885

## CERTIFICATE OF DEATH.

*Date of Death,* aug 4/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny A Tilton

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Mass.

*Duration of Residence in the City of Baltimore,* 2 weeks

*Place of Death,* {Give street and number} 2815 W. Fayette

*Cause of Death* First, (Primary,) Irritation of Stomach & Bowels

Second, (Immediate,) Inanition

*Duration of last Sickness,* week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 5th/85

*Undertaker,* Denby & Mitchell

*Place of Business,* 550 W. Fayette

Chas Worthington M. D.
Medical Attendant.

*Address,* 373 W. Fayette St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85676 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Jurwich

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 26 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 710 N Eden St

*Cause of Death,* First (Primary), Abortion

Second (Immediate), Eclampsia

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Stephens Cemetery

*Date of Burial,* August 5/85

*Undertaker,* J. Enoch & Co.

*Place of Business,* 249 N. Durham

Address, [illegible] Bayard Parkhill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85677 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 5 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Barnes

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 11 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 205 S. Bethel St.

*Cause of Death,* First (Primary), —

Second (Immediate), Consumption

*Duration of Last Sickness,* 4 or 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Dallastown Cemetary

*Date of Burial,* Augus 5

*Undertaker,* John E Grace

*Place of Business,* Cardine St 142

H. L. Barnes M. D
Medical Attendant.

*Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(One visit through Charity)

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85678 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E Strange

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* ..... *Months.* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 806 N Morris alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St cemetery

*Date of Burial,* August 5 1885

*Undertaker,* Hercules Ross

*Place of Business,* 954 W Pratt

M K Warner M. D
Medical Attendant

*Address,* 280 N Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85679 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 5 1885 REGISTRAR OF VITAL STATISTICS

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 4, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss P. M. E. Biggs

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* 3 *Months,* 20 *Days*

*~~Color~~,* W

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 317 N. Ann St.

*Cause of Death,* First (Primary), Bright's disease

Second (Immediate),

*Duration of Last Sickness,* About 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Aug 6 1885

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St.

W. W. White, M. D.
Medical Attendant.

*Address,* 363 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85680 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 5 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Alex Schley

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 3 *Years,* 9 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 182 Hanford Av

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Cerebral Meningitis

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug. 6th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland & Gusa

Wm B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Fenton St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85681 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 5 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Buck

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 16 *Years,* 10 *Months.* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dallas City Texas Birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 43 Shortstreet

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Intestinal Hemorrhage

*Duration of Last Sickness,* Ten (10) days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 6th of August 1885

*Undertaker,* Henry Adamann

*Place of Business,* 63 N. Eden St.

S. W. Abbott M. D.
Medical Attendant.

Address, Cor Eager & Caroline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85682 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sawlesky

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, 10 *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 203 S. Bond St

*Cause of Death,* First (Primary), Teething

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* August 5th 1885

*Undertaker,* W Dipple

*Place of Business,* 150 S. Bond St *Address,* Canton

Thos A Stamm M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John M. De Goey Inspector

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85683 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug. 4 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Young

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* 13 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 112 Hill St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loud's St. Ch.

*Date of Burial,* Aug 5

*Undertaker,* Young & Son

*Place of Business,* 19 S. Front St.

L. M. Hall M. D.
Medical Attendant.

*Address,* 262 Charles St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85784 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th, 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary N. Oliver

*Sex,* ~~Male or Female~~, {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days,*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Mid-wife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Marylans

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give street and Number.} 100 Shiles alley

*Cause of Death,* First (Primary),

Second (Immediate). Phthisis Pulmonalis

*Duration of Last Sickness,* A long time.

All the above information should be furnished by the Physician.

*Place of Burial,* Mark's

*Date of Burial,* Augst 6th 1883

*Undertaker* Samuel H. Carr

*Place of Business,* 1911 Druid Hill Ave

J. Yingling M. D.
Medical Attendant.

*Address,* 152½ N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85685 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos A Mitchell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* 7 *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Salesman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} N W Cor Lombard & Broadway

*Cause of Death,* First (Primary), Alcoholic Intemperance

Second (Immediate), Heart Trouble

*Duration of Last Sickness,* Short time

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 7th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

C Hall Rucker M. D.

~~Medical Attendant.~~ Coroner

*Address,* 108 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...spicuous attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85686 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Aug 5 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pinkney W. Burnham

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* 5 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 70 E Pleasant St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemy

*Date of Burial,* Aug 6 1885

*Undertaker,* Jas. P Byrne

*Place of Business,* 613 E Fleet St.

Jno D Blake M. D.
Medical Attendant.

*Address,* 150 Pacific

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85687 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wolfleck

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 54 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} 157 N. Chester

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 6th 1885

*Undertaker,* Peter Frey

*Place of Business,* 11 E. Fern Av

G. F. Lewis M. D.
Medical Attendant.

*Address,* 284 [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85688 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 5 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 4 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Miller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* 5 *Months,* — *Days*

*Color,*

*Married, Single, ~~Widow or Widower.~~* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 15 Arunsted & Lane

*Cause of Death,* First (Primary),

Second (Immediate), Bright's disease of the Kidney

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Aug 6th 1885

Gordon Mott M. D.
Medical Attendant.

*Undertaker,* C. F. Wm[illegible] & Son

*Place of Business,* 209 Gay Street *Address,* 146 Hanover St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* [redacted] 4th 1885 Aug 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] Geo W. Ellis

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 25 years *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Driver

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give street and number} 20 Parrish alley

*Cause of Death* { First, (Primary,) Mytral Disease of Heart
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 Months -

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 6th 1885

*Undertaker,* Martin Fahey -

*Place of Business,* 126 & 128 N. Townsend

Frank J Flannery M. D.
Medical Attendant.

*Address,* Cor Wilson & Dirickson

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85690 *Office of Registrar of Vital Statistics.*, Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 4. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Wright.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} +

*Occupation,* +

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City of Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 308 Eastern Ave

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Five weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Evangelical Cem

*Date of Burial,* Aug 6th 1886

*Undertaker,* Wm Mander & Son

*Place of Business,* 352 Canton Av

A. V. Gorwzler M. D.
Medical Attendant.

*Address,* 96, S. Ann St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8569 / *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

8

## CERTIFICATE OF DEATH.

*Date of Death,* August 5, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hammond Myers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 9 Months, — Days

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} N. E. Cor. Baltimore & Jenkins St.

*Cause of Death,* First (Primary),

Second (Immediate), Entero Colitis

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* Thursday Aug. 6/85

*Undertaker,* Hughes Spencer & Co

*Place of Business,* 60 E. Baltimore St. *Address,* 73 E. Baltimore St.

J. N. Hancock M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85692 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* August 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Norton

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 1 *Years,* 3 *Months.* 4 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1a 235 Cross

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Peters Cemetery

*Date of Burial,* August 6

*Undertaker,* Michael Doyle

*Place of Business,* No 2001 Charles

H. C. Burch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85E93 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* August 5. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pinkas

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years.* *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} S. E. Cor. Jefferson & Washington Sts.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Wyfonsius Cem.

*Date of Burial,* August 6 1885

*Undertaker,* John Hennig

*Place of Business,* 389 Canton Ave

J. H. Hellenberg M. D.
Medical Attendant.

Address, 2411 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Board of Health, City of Baltimore,

*Permit No.* 85694 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. ~~James~~ M. Deems. Mary J

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* Sixty one *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Female

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Car. Hollins & Fremont No 1

*Cause of Death,* First (Primary,) Asthma with Bronchitis

Second (Immediate,) General physical exhaustion. (Inanition)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Aug 7th 1885

Joseph T. Smith M. D.
Medical Attendant.

*Undertaker,* John S. Mosher

*Place of Business,* No 150 Camden Address 253 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 85695 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Liechenmeyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 4 *Months.* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give Street and Number.} 7 S. Paca

*Cause of Death,* First (Primary), Natural

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 6th 1885

*Undertaker,* P. H. Selwald

*Place of Business,* 35 S. Eutaw St

Z. K. Miley M. D.
Medical Attendant.

*Address,* 195 W. Lombard St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85696 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 4, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Freelandy

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and Number.} 18 L. Pine.

*Cause of Death,* First (Primary). Starvation.

Second (Immediate). Marasmus

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Aug 6 1885

*Undertaker* Wilson & Longest

*Place of Business,* 62 East Pratt

O. Edw. Janney M. D.
Medical Attendant.

*Address,* 88 N. Green St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85697 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 6 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M. Matthews

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* Col

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 28 yrs

*Place of Death,* {Give Street and Number.} No 98 Raborg St.

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery

*Duration of Last Sickness,* 15 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Shorb's Cemetery

*Date of Burial,* Aug 6 1885

*Undertaker,* Wilson Morgan

*Place of Business,* 62 East St.

B. S. Titcomb, M. D.
Medical Attendant.

*Address,* 616 W. Balto. Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85698 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1885

*Date of Death,* Aug 6 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Ind Johnson

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* — *Months,* 7 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore, "

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 7 Bond st

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Cramps

*Duration of Last Sickness,* 1 day

All the above Information should be furnished by the Physician.

*Place of Burial,* Bloomingdale Cemetery

*Date of Burial,* Aug 6 1885

*Undertaker,* William Boyce

*Place of Business,* 62 East st

H. Thomas M. D.,
Medical Attendant.

*Address,* 41 N. Caroline st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...spection of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85699 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Eliza Brice

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Eighty Six *Years,* Eight *Months,* Twenty Five *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Maryland

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} No. 148 North Carey Street.

*Cause of Death,* First (Primary), Old age.

Second (Immediate), Excessively High Summer temperature; Asthenia.

*Duration of Last Sickness,* About Six weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cemetery

*Date of Burial,* August 7/85

*Undertaker,* Denby & Mitchell

*Place of Business,* 530 W Fayette

J. Ridgely Hammond M. D.
Medical Attendant.

*Address,* No. 148 N. Carey St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

**Permit No.** 85700 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH AUG 6 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 5/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt F Brady

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 1725 Chase st

*Cause of Death,* First (Primary), mal nutrition

Second (Immediate), Laceration

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 6th

*Undertaker* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

..... M. D.
Medical Attendant.

Address, .....

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 85701

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85701 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 6 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 15 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} #87 Chestnut St.

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* All his Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 6th 85

*Undertaker,* Wm H Krugee

*Place of Business,*

James A Stewart M. D.

~~Medical Attendant~~

*Address,* Dr. of Health Office

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the deceased, the cause and date of death.

Asst Lt. Fitzpatrick, Sanitary

# Health Department, City of Baltimore.

Permit No. 85702 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH. 74

*Date of Death,* Aug. 5 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Paul

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

*Age,* 56 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* One Year

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Cysts of Pancreas

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub. Cemetery

*Date of Burial,* Aug. 6th/885

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Place Address, City Hospital

J. C. Bossler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85703 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 6 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 4, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresia Kolb

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* 9 *Months,* *Days*

*Color,* W.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* Yrs 25 and 30 years

*Place of Death,* {Give Street and Number.} 357 McDonogh St

*Cause of Death,* First (Primary),

Second (Immediate), Apoplexy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's Cem.

*Date of Burial,* Aug 6th 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts

S. W. White M. D.
Medical Attendant.

*Address,* N.E. cor Chas & Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85704 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 6 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G. Gable

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 143 E. Lombard St

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cemetery

*Date of Burial,* Aug 7th 1885

*Undertaker,* Fred Eade

*Place of Business,* 298 E. Baltimore *Address,* [illegible]

J. H. Gutsh M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85705 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H Irvin Buckholz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 2 Goods lane

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* August 7

*Undertaker,* B. Hall

*Place of Business,* 8 West St

Oscar Cooke M. D.
Medical Attendant.

*Address,* 110 Forrest

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85706 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian ~~Kr~~ Kreiling

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* 29 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 4 Gurrough St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* August 7

*Undertaker,* B. Hearle

*Place of Business,* 62 West St.

Robert S. Lowe M. D.
Medical Attendant.

*Address,* 238 Light St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8507

## Office of Registrar of Vital Statistics.

Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Edwd Doll

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* 11 *Months,* 21 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 9 S. Mount St.

*Cause of Death,* First (Primary), Nephritis

Second (Immediate), Congestion of Brain & Effusion

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cemetery

*Date of Burial,* Aug 7th 1885

*Undertaker,* Wm H Cook

*Place of Business,* No 707 W Baltimore St

John Neff M. D.
Medical Attendant.

*Address,* 707 W Baltimore

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85708 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1885

*Date of Death,* August 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Gardner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Plumbing & Tinning

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 727 W. Balto. St.

*Cause of Death,*
First (Primary), Inflammation of Bowels
Second (Immediate), Sudden Heart Failure

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Aug 7th 1885

*Undertaker,* Jos H Cook

*Place of Business,* 1607 N Balto

John Neff M. D.
Medical Attendant.

*Address,* 206 N Carrollton Ave

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 85709 *Office of Registrar of Vital Statistics.* Ward 7 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1885

*Date of Death,* August 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Boettinger

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* 7 *Months,* — *Days.*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} Widower

*Occupation,* Shoemaker

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} Germany, (Wurtemberg)

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give street and Number.} Hebrew Hospital

*Cause of Death,* First, (Primary,) Cirrhosis of Liver

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Aug 7

*Undertaker,* Chas Fassig

*Place of Business,* 196 E. Fayette

A Friedenwald M. D.,

Medical Attendant.

Address, 88 N Eutaw Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 85710 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1885

*Date of Death,* 8. 5. 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. A. Sneeder

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 53 *Years,* ——— *Months,* ——— *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Clerk

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 2

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* { Give street and Number. } 76 N. Fulton ave

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* few months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Cathedral

*Date of Burial,* Aug 7 1885 Cathedral

Wm. W. Eastman M. D., Medical Attendant.

*Undertaker,* R. B. Burk

*Place of Business,* Address, 847 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physician is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8571 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip W. Hall

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Twenty-two *Years,* ~~*Months,*~~ ~~*Days*~~

*Color,* Brown

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give Street and Number.} No. 146 Pine St.

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Consumption

*Duration of Last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 7, 1885

*Undertaker,* John H Owens Jr

*Place of Business,* #172 Pearl St

F B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83712 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE MD. AUG 7 1885

## CERTIFICATE OF DEATH

*Date of Death;* Aug 4 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Mae Hall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1022 Eden St

*Cause of Death,* {First (Primary),} {Second (Immediate), Diphtheria}

*Duration of Last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* Aug. 8, 1885

{*Undertaker,* Jos. Sanderson} M. D.
Medical Attendant.

{*Place of Business or Address,* 252 Eastern Ave}

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85713 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fancy Anne Feindle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dallo

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Gunnells Ct

*Cause of Death,* First (Primary), Measles

Second (Immediate), Spasms

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Aug 7 1885

*Undertaker,* Gunsellus

*Place of Business,* 217 Hanover St

C. L. Bond M. D.
Medical Attendant.

Address, Gun Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85714 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dalrymple

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* *Months.* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 24 W Eager

*Cause of Death,* First (Primary), Senility from apoplexy - some 55 years ago - Exhaustion

Second (Immediate),

*Duration of Last Sickness,* Some time.

All the above information should be furnished by the Physician.

*Place of Burial,* Irr Emmount

*Date of Burial,* Aug 8th 1885

*Undertaker,* Hen Jenkins Sons

*Place of Business,* Park Harvey

W. F. A. Kemp M. D.
Medical Attendant.

*Address,* 55 N. Gouvn St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85715 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 7 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* About Aug. 4 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} Found in box Cor. Light & Baabb. Baltimore St.

*Cause of Death,* First (Primary), Acute Pneumonitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Don't know

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cem.

*Date of Burial,* Aug 7 1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Place *Address,* Coroner Cent. Dist.

Alex Hill, M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 85716 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 7 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Lucas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* — *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 44 Clay St.

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 7th 1885

*Undertaker,* Wm N Dunne

*Place of Business,* East St

James A Smith M. D.

~~Residence~~ 2nd

Address, Cor. of Wells & Keystone

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. C. Roberts Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 85717 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 73 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married, Single~~, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Penna.

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give Street and Number.} 110 South Bond St

*Cause of Death,* First (Primary), Inflammation Bowels

Second (Immediate), Chronic Prostatic

*Duration of Last Sickness,* Last week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 9 '85

*Undertaker,* M. Leach & Son

*Place of Business,* 98 S. Bond

J. Ashby Hammond M. D.
Medical Attendant.

*Address,* City & Health

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85718 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bark Doenges

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* ——— *Months.* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City ~~564 E. Fayette St.~~

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 564 E. Fayette St.

*Cause of Death,* First (Primary), Fracture of Skull during birth (forceps) & Laceration

Second (Immediate), Inflamation Suppuration &

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Conn

*Date of Burial,* Aug 7 th 1885

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St *Address,* 373 E. Baltimore St.

E. P. Bruns M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85719 *Office of Registrar of Vital Statistics.* Ward 16 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 7 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 yrs

*Place of Death,* {Give Street and Number.} 707 Lee St.

*Cause of Death,* First (Primary), ———

Second (Immediate), Acute Nephritis

*Duration of Last Sickness,* 3 Week

All the above information should be furnished by the Physician.

*Place of Burial,* ———

*Date of Burial,* St Peters Cemetery

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

Jno D Hess M. D.
Medical Attendant.

*Address,* 1201 Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85720 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug "3" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Hill dau Thos Blackwell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male. E Parents

*Age,* ~~~ *Years,* ~~~ *Months,* 4 *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1041 Hanover St

*Cause of Death,* {First (Primary),} {Second (Immediate). Inanition

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Shaft St Cem

*Date of Burial,* Aug 7" 1885

*Undertaker,* Jacob Davis

*Place of Business,*

James A. Steuart M.D. Health Officer

Comm of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E. Ensing = Suspected

No. 83721

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8572 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT
AUG 7 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 5. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brandt

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 52 *Years,* *Months,* *Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 80 N Washington St.

*Cause of Death,* First (Primary), Inflam of Lungs

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem

*Date of Burial,* Aug 8th 85

*Undertaker,* G Frances

*Place of Business,* Bank & Wolfe

J. H. Carlenberg M. D.
Medical Attendant.

*Address,* 344 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Card

# Health Department, City of Baltimore.

Permit No. 85722

## Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 7 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Powers

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland Md

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 217 S Howard St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem Md

*Date of Burial,* Aug 9 1885

*Undertaker,* S W Evans

*Place of Business,* 1 Howard St

Edmund Carter M. D.
Medical Attendant.

*Address,* 46 [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85423 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. CITY
AUG 7 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George - Richardson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* ..... *Months.* ..... *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~?* {Cross out the words not required in this line.}

*Occupation,* Steamboat

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore - Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Off Pier 6, Locust Point

*Cause of Death,* First (Primary), Accidental drowning

Second (Immediate), "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Lebanon

*Date of Burial,* Aug 7 1885

*Undertaker,* C. H. Chase

*Place of Business,* 98 Howard St

L. A. Bell M. D.
Medical Attendant.
Coroner
*Address,* 161 E. Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85724 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH. 87

*Date of Death,* Aug 6th. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Fitzpatrick

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 9 *Months,* —— *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant asylum —

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 3 months —

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Aug 7th 1885

*Undertaker,* John Fitzpatrick

*Place of Business,* 240 Front st

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85725 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 7 1885 BALTIMORE MD

*Date of Death,* Aug 7/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months.* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto -

*Duration of Residence in the City of Baltimore,* Life -

*Place of Death,* {Give Street and Number.} St. Vincent's Infant asylum

*Cause of Death,* First (Primary), Cholera Infantum ;

Second (Immediate), Exhaustion ,

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 7/85

*Undertaker,* Robert Robinson

*Place of Business,* Division & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8572 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia D. Sampson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* ..... *Months,* ..... *Days*

~~*Color,*~~

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 53 years

*Place of Death,* {Give Street and Number.} 407 E. Eden Lane

*Cause of Death,* First (Primary), Age

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bolton Cemetery

*Date of Burial,* August 9th 1885 W. B. White M. D.

Medical Attendant.

*Undertaker* Denny & Mulvey

*Place of Business,* 68 Broadway *Address,* Cor Broadway & Chase

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85727 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~[illegible]~~ 7th July 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Bain

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* ——— *Months.* ——— *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widower

*Occupation,* Collector

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 225 N. Henry St.

*Cause of Death,* First (Primary), Organic disease of Heart

Second (Immediate), Suppuration Erysipelas

*Duration of Last Sickness,* about 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 8th 1885

*Undertaker,* J H Cook

*Place of Business,* 707 W Baltimore *Address,* 707 W Fayette

C. Jones M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 35725 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Hesselbacher

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 69 *Years,* 6 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} 181 Holt St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Prostration

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 9. 85

*Undertaker,* D. Tilyard

*Place of Business,* 166 Druid Hill

C. A. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85729 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie F Wilson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months.* Seven *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 31 Canal Alley

*Cause of Death,* First (Primary), Jaundice

Second (Immediate), Symptoms of Trismus nascentium

*Duration of Last Sickness,* about one day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 8th 1885

*Undertaker,* Abel Hensley

*Place of Business,* 116 Orchard *Address,* 262 Mead Ave

Elias C. Price M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85730 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG. 8 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M. Connelly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Schott Court

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 8th 85

*Undertaker,* Daniel Filpin

*Place of Business,* 107 West St

Thomas Botta M. D.
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. E 7731 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* aug. 6 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd H. Eng

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 41 *Years,* *Months,* *Days*

*Color,* mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Catonsville Md.

*Duration of Residence in the City of Baltimore,* 23 yr

*Place of Death,* {Give Street and Number.} 5 Ly Thomas ave.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), asthenia

*Duration of Last Sickness,* 1 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Lowel cemetery

*Date of Burial,* Aug 8 1885

*Undertaker,* William N Bonge

*Place of Business,* 162 East 25

[illegible] M. D.

Medical Attendant.

*Address,* 162 E 25

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sofihia Butler.

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 10 *Months,* ____ *Days.*

*Color,* Negro.

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* {Give street and number} 220 Booth St.

*Cause of Death,* First, (Primary.) Cholera infantum.

Second, (Immediate.) Marasmus.

*Duration of last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 8 1885

*Undertaker,* William N Dorsey

*Place of Business,* 62 East St

James A. Gaultney M. D.
Medical Attendant.

*Address,* 810 N Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Health Department, City of Baltimore.

Permit No. 86733 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Green

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} "

*Age,* 9 *Years,* ..... *Months,* ..... *Days*

*Color,* ed

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 90 N. Amity St

*Cause of Death,* First (Primary), Diphtheria & Whooping Cough

Second (Immediate), Convulsions

*Duration of Last Sickness,* Fifteen Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St. Cemetery

*Date of Burial,* Aug 8 1885

*Undertaker,* William N Dungee

*Place of Business,* 162 East St

John Neff M. D.
Medical Attendant.

*Address,* 206 N Caroline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85734

*Office of Registrar of Vital Statistics.* 26

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Tracey

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} f

*Age,* 17 *Years,* 1 *Months,* *Days.*

*Color,* Mulatto

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Near Hinkelburg Carrol County Md.

*Duration of Residence in the City of Baltimore,* 1 wo[illegible] Years

*Place of Death,* {Give street and number.} 3 Carew St near Mount St.

*Cause of Death,* First, (Primary.) Pulmonary Tuberculosis

Second, (Immediate.) General "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Aug 9 1885

*Undertaker,* William Dingee

*Place of Business,* 62 East St

C. D. Parker M.D.,
Medical Attendant.

*Address,* 520 N. Eutaw St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85735 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## GERTIFICATE OF DEATH.

C

*Date of Death,* Aug. 6th, 885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Barger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} M

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} York, Pa.

*Duration of Residence in the City of Baltimore,* 16 months

*Place of Death,* {Give Street and Number.} 214 Alice Anna St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Eighteen Days

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelic Cem.

*Date of Burial,* Aug. 9th 1885

John H. Kelberger M. D.
Medical Attendant.

*Undertaker,* H Sander & Son

*Place of Business,* 252 Canton Ave *Address,* 243 Alice Anna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85734 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 8 1885

## CERTIFICATE OF DEATH.

C

*Date of Death,* August 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Zeiller

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* about 20 Years

*Place of Death,* {Give Street and Number.} 395. Eastern Av

*Cause of Death,* First (Primary) Suicide by taking poison known as Rough on Rats

Second (Immediate), Supposed to be Congestion of Stomach & Intestines

*Duration of Last Sickness,* Three & half hours

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* August 8th 1885

*Undertaker,* H. Snider & Son H. A. Fuchs M. D.
Medical Attendant.

*Place of Business,* 252 Canton Ave *Address,* 116 Aliquot St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. {OVER.}

# Health Department, City of Baltimore.

Permit No. 25737 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT
AUG 8 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Hollen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* ..... *Months,* ..... *Days*

*Color,* White ✓

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harpers Ferry W Virginia

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give Street and Number.} 54 Hill st

*Cause of Death,* First (Primary), .....

Second (Immediate), Chronic Gastritis

*Duration of Last Sickness,* 1 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* August 10

*Undertaker,* B. Hunn

*Place of Business,* 82 West St

O. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 55738 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY AUG 8 1885 REGISTRAR'S OFFICE

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dolphi Schofield

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 — 6

*Place of Death,* {Give Street and Number.} 111 Conway St.

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* August 9

R. H. P. Ellis M. D.

Medical Attendant.

*Undertaker,* B. Hall

*Place of Business,* 42 West St Address, 313 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 86739 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jasper Frazier

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Six *Months,* Seven *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 26 Parrish ae

*Cause of Death,* First (Primary). Cholera Infantum

Second (Immediate). .....

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Fairfield Cemetery

*Date of Burial,* Augt 9 1885

*Undertaker* S H Chase

*Place of Business,* 72 Edmondson ave

J. E. Urguhart M. D.
Medical Attendant.

*Address,* Gilmor St & Lafayette ae

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85740 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH BOARD
AUG 8 1885
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip H. Lizer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 4 *Months,* 4 *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 11 Temple St

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 11 Temple St born & died in same house.

*Cause of Death,*
First (Primary),
Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Vance Cemetery

*Date of Burial,* Aug 8 1885

*Undertaker,* [illegible]

*Place of Business,* [illegible]

A. Freyt Berryhill M. D.
Medical Attendant.

*Address,* 88 E Bath St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8

*Permit No.* 85741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
AUG 8 1885
BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 7. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Gaylor, Colored

*Sex, Male* ~~Female~~, {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* Black *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Unknown

*Occupation,* at Labor in Carpet Shop Baltimore City Jail

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Cecil Co. Md

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} Baltimore City Jail

*Cause of Death,* First (Primary,) ...

Second (Immediate,) Cystitis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* ...

*Date of Burial,* Easton Pub. Cem

*Undertaker,* Geo Rinehard

*Place of Business,* 23 Forest Place

C. P. Hoffman M. D.
Medical Attendant.

*Address* ...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Health Department, City of Baltimore. 18

Permit No. 85742 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M Kershner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} West Court

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* One Week

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemet.

*Date of Burial,* Augt 8th 1885

*Undertaker,* Ph. J. Dillon Son

*Place of Business,* 183 Columbia Ave

Wm T Howard M. D.
Medical Attendant.

*Address,* 150 Paca

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85743 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED AUG 8 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt. 7/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillipp Becks

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2. *Years,* 9 *Months,* 27. *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 48 Stockton St

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 48 Stockton St

*Cause of Death,* First (Primary), Membranous Croup

Second (Immediate),

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* Aug the 9

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle St *Address,* 198 Pruetman

G G Norris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

* 85744

Date of death: Aug. 7th 85

Name of decedent: Charles Dogge

Male

Color: White

Age: 9 years 3 months

Occupation: none

Birthplace: Baltimore

Residence: 315 W. Biddle St.

Date of death: 13 days

Cause of death: Otitis interna

Sinus: Carious otitis

petrosa; meningitis

Duration of last sickness: 2 months.

Place of burial: Western Cem.

Date of burial: Aug. 9.

Undertaker: Walter Ormond 145 E. Baltimore St.

HEALTH DEPARTMENT
AUG 8 1885
BALTIMORE MD.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85745 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1885 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella H. Andrews

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} S

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 53 S. Eight Street

*Cause of Death,* First (Primary), .....

Second (Immediate), Ascites

*Duration of Last Sickness,* 18 Mo's

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 8. 1885

*Undertaker,* H. H. Kirkman

*Place of Business,* 234 N. Gay St

W. S. Titcomb, M. D.
Medical Attendant.

*Address,* 616 W Balto. Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85746 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clyde W Seale

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 2 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 15 Gas Alley

*Cause of Death,* First (Primary), "

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 2nd 85

*Undertaker,* Wm Gray

*Place of Business,* "

James A Stewart M.D.

Medical Attendant.

*Address,* Dept of Health

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Louis Wm Hoffstadt Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 83747 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Randolph

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* — *Months,* — *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give Street and Number.} 152 Lee Street

*Cause of Death,* First (Primary), Natural

Second (Immediate), Malarial Fever

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 8 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Lan Wayt | *Address,* 195 W. Lombard

E. K. Wiley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85748 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 5 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Roberts

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Capt of Sch Mary W. Powell

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Somerset Co and

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} Pratt St Wharf

*Cause of Death,* First (Primary). Accidentally Drowned ✓

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Dealers land at sam'l Cemetery

*Date of Burial,* August 5. 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Can West Address, 508 Aisquith

Dr Hall Rucker M. D

Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 83749

## Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 8 1885
BALTIMORE MD

# CERTIFICATE OF DEATH.

C

*Date of Death,* Dec 9

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Trust

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* Ship Smith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 6 Hill St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug 10th 1885

*Undertaker,* C. F. Kranz & Son

*Place of Business,* 209 Hanover

J. C. Burch M. D.
Medical Attendant.

*Address,* 15 1 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85750 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Oettinger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 63 *Years,* " *Months,* " *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give street and number.} 122 S. Green St

*Cause of death,* First, (Primary,) Apoplexy

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* August 8

*Undertaker,* L. Ahrens

*Place of Business,* 28 High St

A. Aronsohn M. D.,
Medical Attendant.

*Address,* 276 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8751 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wesley Hurst

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 hours *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 814 Jackson st

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 9 th 1885

*Undertaker,* Geo F Lee

*Place of Business,* 201 E Balto St *Address,*

J. Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY FIL

# Health Department, City of Baltimore.

Permit No. 8772 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Peters

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One Year, . . . Months, One Day

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} . . . .

*Occupation,* . . . .

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 294 N. Canal St

*Cause of Death,* First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Marasmus

*Duration of Last Sickness,* Six (6) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holl[illegible] Comer Centre

*Date of Burial,* August 9 1885

*Undertaker,* Henry Koch

*Place of Business,* 309 N Central ave Address, S. E. Cor Bayer Fleet Sts

J. W. Slover M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8773 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan M Devitt

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 89 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 68 years

*Place of Death,* {Give Street and Number.} 249 Fourth

*Cause of Death,* First (Primary), Old age

Second (Immediate), Hemaplegia

*Duration of Last Sickness,* 8 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cem

*Date of Burial,* August 9 1885 Ernest Dudrill M. D.

Medical Attendant.

*Undertaker,* John Hennessy

*Place of Business,* 382 Orleans St *Address,* 52 Aisquith

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85752 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE

*Date of Death,* Aug. 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Ernst

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 5 *Months.* 16 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 90 Thames Street

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 9th 1885

*Undertaker,* H. Standeford

*Place of Business,* 252 Canton Av. *Address,* James A. Steuart M. D.

~~*Medical Attendant.*~~ Dr. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85755 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Meckes

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 77 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 23 years

*Place of Death,* {Give Street and Number.} 467 E. Monument St.

*Cause of Death,* First (Primary), General decay

Second (Immediate), Paralysis

*Duration of Last Sickness,* twelve days

All the above information should be furnished by the Physician.

*Place of Burial,* R.C. Redemer

*Date of Burial,* Aug 10

*Undertaker,* Kendall & Sons

E. P. Sheets M. D.
Medical Attendant.

*Place of Business,* Address, 375 E. Balto. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8756 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Vanfossen

*Sex, Male or Female,* {Cross out the word not required in this line.} "

*Age,* Years, 7 Months. 16 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 1324 Ridgely St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* Mount Olivet 17 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 10

*Undertaker,* Wayne W. J. Settuer

*Place of Business,* South Eutaw Address, 165 Hanover St

L. C. Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8757 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva May Sullens

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* Nine *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} # 8 Cannon St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* N. E. Cemetery Philad. Road

*Date of Burial,* August 9th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 68 S. Broadway *Address,* # 516 Bank St.

A. S. Warren M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8758 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8'83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Wiles

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 629 W. Fromb. st.

*Cause of Death,* First (Primary), Suddenly of

Second (Immediate), Heart disease

*Duration of Last Sickness,* about one minute

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 10th 1883

*Undertaker,* H. W. Mears

*Place of Business,* 42 N. Gay st

Wm A. Jones M. D.

Coroner Medical ~~Attendant~~.

*Address,* 326 Hollins st

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8575 9 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days*

*Color,* Colored V

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Steward

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 22 Yrs —

*Place of Death,* {Give Street and Number.} 230 Hughes St

*Cause of Death,* First (Primary),

Second (Immediate) Heart Dyspepsy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* August 10 1885

*Undertaker,* Hercules Ross

*Place of Business,* 15 Low West St *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8760

## Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 8, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisa J. Kirsted

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months.* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* House keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 65 Pearl st.

*Cause of Death,* First (Primary), Suddenly of

Second (Immediate), Heart disease

*Duration of Last Sickness,* about 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 10th 1885

*Undertaker,* F. Lucas Sohaf

*Place of Business,* 109 N. Irvine

Medical Attendant. M. D.

*Address,* 126 Hallum st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85761 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. J. Swartz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Martinsburg W. Va.

*Duration of Residence in the City of Baltimore,* 10 yrs.

*Place of Death,* {Give Street and Number.} 307 Lexington St.

*Cause of Death,* First (Primary), Febris Typhoides.

Second (Immediate), Perforation resulting in Peritonitis.

*Duration of Last Sickness,* 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Martinsburg W Va

*Date of Burial,* Aug 10

*Undertaker,* Byrd & Metcalf

*Place of Business,* 65 Hanover

J. E. Wiltshire, M. D.
Medical Attendant.

*Address,* Fayette & Paca Sts.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Franich 3836

+ S-S-M Fayette +

# Health Department, City of Baltimore.

Permit No. 8376 2

*Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Kelbert

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 11 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 235 S. Dallas St

*Cause of Death,* First (Primary), —

Second (Immediate), Marasmus.

*Duration of Last Sickness,* About one Month

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Cemetery

*Date of Burial,* 10 August 1885

*Undertaker,* John T. Finch

*Place of Business,* 265 Aliceanna St

N. L. Dashiell Jr. M. D.
Medical Attendant.

*Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8573

*Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Burris

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months.* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 385 E Madison St Balto.

*Duration of Residence in the City of Baltimore,* Infant

*Place of Death,* {Give Street and Number.} 385 E Madison

*Cause of Death,* First (Primary), Icterus Neonatorum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St. Nat. Cemetery.

*Date of Burial,* August 9th 1885

*Undertaker,* Chas. T. Evans & Co

*Place of Business,* Evans & Valley St. *Address,* 25 Green Balto

J. H. Robinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over.}

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 8764 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moran

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 10 N. Spring

*Cause of Death,* First (Primary), Pneumonia of both lungs

Second (Immediate),

*Duration of Last Sickness,* 23 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Aug 9 th

*Undertaker,* H. C. Windefeld

*Place of Business,* 90 Greenmount Ave Address, 283 N. Eden St

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85765 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 7, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan R. Wilson,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Lecturer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick, Md.

*Duration of Residence in the City of Baltimore,* Fifteen years.

*Place of Death,* {Give Street and Number.} 288 S. Eutaw St.

*Cause of Death,* First (Primary), Consumption.

Second (Immediate), Pulmonary Hemorrhage.

*Duration of Last Sickness,* Nine months.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Meth. Ch.

*Date of Burial,* Aug 9th 85

*Undertaker,* J. W. Chase

*Place of Business,* 198 Howard St. *Address,* 139 N. Calvert St.

George H. Robé, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85766 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt. 8/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. M. Andrews

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 46 *Years,* ... *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give Street and Number.} 488 N. Mount

*Cause of Death,* First (Primary), Bright Disease

Second (Immediate), Uremic Poison

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Fredrick County by way W. M. R.

*Date of Burial,* Aug 9

G. W. Annis M. D.
Medical Attendant.

*Undertaker,* H. H. Blizzard

*Place of Business,* 207 N. Bond *Address,* 193 Dunkan

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Transit 2837

[over.]

# Health Department, City of Baltimore.

Permit No. 8776 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. McDonough

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 27 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,* Can maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 191 S. Chester St.

*Cause of Death,* First (Primary), Sun stroke followed by Pleuro-pneumonia

Second (Immediate), Singultus & exhaustion

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Aug 9th 85

*Undertaker,* G. Frano

*Place of Business,* Bank & Wolfe Sts *Address,* 1 S. Broadway

Jno. S. Lynch, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Wright

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 6 Forest St

*Cause of Death,* First (Primary,) Consumption of Lungs

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* Eight Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 10th 1885

*Undertaker,* J. P. Locke

*Place of Business,* 473 E. Fayette St

Sam'l J. Beck M.D.
Medical Attendant.

*Address* 134 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 85769 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 10 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny E. Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* Two (10) *Months,* Five (5) *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 208 N. Central Ave

*Cause of Death,* First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Augt 11. 1885

*Undertaker,* John W Jackson

*Place of Business,* Eng & Caroline

S. C. Silver M. D.
Medical Attendant.

*Address,* 1 E Eager N Caroline

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* 1885 Aug 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Boldon

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 7 *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balt-Md

*Duration of Residence in the City of Baltimore,* 7 Mo

*Place of Death,* {Give street and number.} 1 E Lon Ramsey & Lemmon Sts

*Cause of Death,* First (Primary,) Convulsions

Second (Immediate,) Chronic Laryngitis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 10/85

Wm J S Larkin M. D.
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 704 W. Balto St.

*Address* 204 Ramsey

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

# Health Department, City of Baltimore.

Permit No. 85771 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

REGISTER DEPARTMENT
AUG 10 1885
BALTIMORE MD

*Date of Death,* Aug 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fitzpatrick

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give Street and Number.} 82 N. Holliday

*Cause of Death,* First (Primary), Heart Disease Hypertrophy & Valvular Cardiac [illegible]

Second (Immediate), Epistaxis Exhaustion

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cem

*Date of Burial,* Aug 10 1885

Chas R. Kenworthy M. D.
Medical Attendant.

*Undertaker,* Jas. P. Byrne

*Place of Business,* Front St *Address,* 171 N. Calvert

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85772 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Gant

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* ..... *Months.* ..... *Days*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth,} Md

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} 30 Pearce St.

*Cause of Death,* First (Primary), Child birth

Second (Immediate), Nervous Shock

*Duration of Last Sickness,* Death Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Aug 9th 1885

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St *Address,* 188 Franklin

J. H. Miller M. D.
Medical Attendant.

BALTIMORE AUG 10 1885

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85173 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Batty

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~ *Months,* 1 *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 38 Jordan Alley

*Cause of Death,* First (Primary),

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 10" 1885

*Undertaker,* A. C. Hunsley

*Place of Business,*

James A. Steuart M. D.
Medical Attendant.

Address, Dr. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. E. Roberts Sant. Inspector

# Health Department, City of Baltimore.

Permit No. 8577 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS Aug 10 1885

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 10 in 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Keagy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 Years, Months. Days

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Penn

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give Street and Number.} 95 W. Chase & Bucl

*Cause of Death,* First (Primary), Phthisis — Duration

Second (Immediate), Pneumonia weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Hill Phila Pa

*Date of Burial,* Aug 11/85 C B Gundry M. D.

*Undertaker,* Stuart Mawer Medical Attendant.

*Place of Business,* 35 Park Ave Address, 5-9 Cathedral

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3838 Laurel

# Health Department, City of Baltimore.

Permit No. 85775 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Suppose - Aug - 5th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Hanley -

*Sex,* Male ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* abt 45 *Years,* - *Months.* - *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland -

*Duration of Residence in the City of Baltimore.* 19 yrs -

*Place of Death,* {Give Street and Number.} Patapsco River - Foot of Bayard St

*Cause of Death,* Verdict of Jury, First (Primary), Suicide by drowning

Second (Immediate), "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Aug 7th 1885

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Balto

Dan'l Bell M. D.
Medical Attendant.

Coroner

*Address,* 161 Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85776 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lee

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* 6 *Months.* 5 *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* washing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} unknown

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 239 So. Howard St

*Cause of Death,* First (Primary),

Second (Immediate), Apoplexy.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pub Cemetery

*Date of Burial,* Aug 10 1885

*Undertaker,* L. A. Kershner

*Place of Business,* Arlington ave Address, 161 So Sharp St

Sol Becel M. D.

~~Medical Attendant.~~ Coroner

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85777 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS AUG 10 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th, 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Christina Kickmann

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 39 ~~99~~ *Years,* 11 *Months,* *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 174 Mulberry St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 8 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cemetery

*Date of Burial,* Aug 11th 1885

*Undertaker,* A. Rohde

*Place of Business,* 78 Penn avenue

Louis C. Horn M. D.
per E.M.K. Medical Attendant.

Address, 226 Mulberry St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85778 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J Harrington

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* Most of her life.

*Place of Death,* {Give Street and Number.} Nr 210 N. Mount St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), .....

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 12th 1885

*Undertaker,* Carey & Mitchell

*Place of Business,* 550 W. Fayette

Louis J. Eade M. D.
Medical Attendant.

*Address,* 317 Linden Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 85579 *Office of Registrar of Vital Statistics.* Ward 15 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1885 BALTIMORE MD.

*Date of Death,* Aug 9" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. D Baran

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 45 *Years,* — *Months,* — *Days,*

*Color,*

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Shirt Cutter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Taylors Island Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 72 Church St. Penn

*Cause of Death,* First, (Primary,) Syphilis Malignac

Second, (Immediate,)

*Duration of Last Sickness,* Two Month

All the above information should be furnished by the Physician.

*Place of Burial,* Shartz Cemetery

*Date of Burial,* August 11 1885

*Undertaker,* Hercules Ron

*Place of Business,* 95 Can Wayt

C. D. Smith M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85780 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1885 BALTIMORE, MD

*Date of Death,* Aug 8. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. Hamrick

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 4 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 240 Montgomery St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 11th 1885

*Undertaker,* Armstrong & Long

*Place of Business,* 263 Light

By Thomas Opie M. D.
Medical Attendant.

*Address,* 1106 E. Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85781 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT AUG 10 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Waitman Deane

~~*Sex.* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Colored*

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md.

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give Street and Number.} 156 East Street.

*Cause of Death,* First (Primary),

Second (Immediate), Exhaustion Dropsy

*Duration of Last Sickness,* Since Christmas. 7 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 10 1885

*Undertaker,* William H Singer

*Place of Business,* 62 East St

A. Thompkins M. D.
Medical Attendant.

*Address,* 882 Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85782 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda M. Clark

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md

*Duration of Residence in the City of Baltimore,* 39 years -

*Place of Death,* {Give Street and Number.} 110 Fort Ave

*Cause of Death,* First (Primary), Typhoid Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Aug 11/85

*Undertaker,* B Hayle

*Place of Business,* West St

O. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Fort Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85783. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE AUG 10 1885

*Date of Death,* 10 Aug. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Comaine

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 19 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 137 S. Regester st.

*Cause of Death,* First (Primary), Chronic Entero Colitis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Cross Cem...

*Date of Burial,* August 10th 1885

*Undertaker,* H. M. Gibney, Jr

*Place of Business,* 341 Canton ave

B. F. Leonard M. D.
Medical Attendant.

*Address,* 914 E. Baltr st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85784 *Office of Registrar of Vital Statistics.* Ward 8 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT AUG 10 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Williams

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months,* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 192 Constitution St.

*Cause of Death,* First (Primary), Diarrhea

Second (Immediate),

*Duration of Last Sickness,* 2 Months "

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 10th 1885

*Undertaker,* Morgan & Pyle

*Place of Business,* 9th Mulberry St *Address,* 283 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85785 *Office of Registrar of Vital Statistics.* Ward 8½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE MD

## CERTIFICATE OF DEATH. a

*Date of Death,* Aug 10 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence A. Ungleub

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 1 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 56 Fremont Ave.

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Comd.

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 11th

*Undertaker,* Geo Schelling

*Place of Business,* 1 Lloyd St *Address,* 25 S. Fremont Ave

J. H. Robinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85786 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1885

*Date of Death,* Aug 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rupp

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~Years~~, 1 Months, 19 Days

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 247 Mulberry st

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 10th 1885

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109½ Fremont

Tho. B. Evans M. D.
Medical Attendant.

*Address,* 22 Hackman Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

AK SAFETY FILM

# Board of Health, City of Baltimore,

Permit No. 85787

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1885 BALTIMORE

*Date of Death,* Aug. 9 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Landman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 40 *Years,* 7 *Months,* 5 *Days.*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Trimmer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 61 N. Schroeder St.

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Phthisis Pulmonalis

*Duration of last Sickness,* 4 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 11th 1885

J. W. C. Cuddy, M. D.
Medical Attendant.

*Undertaker,* John J. Mackin

*Place of Business,* 1150 Lander

*Address,* 137 N. Carrollton Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

KODAK

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 85788 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 10 1885 BALTIMORE MD.

*Date of Death,* August 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R E Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* ~ *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 372 S Eutaw St

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lonely Park

*Date of Burial,* Aug 11th 1885

*Undertaker,* Cumberland Ring

*Place of Business,* 263 Light St

Thomas Corse M. D.
Medical Attendant.

*Address,* 411 W Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85789 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Hughes Keine

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months.* 13 *Days*

*Color,* white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Ship-smith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Connecticut, U.S.

*Duration of Residence in the City of Baltimore,* Fifty-six yrs.

*Place of Death,* {Give Street and Number.} 12 Hanover St.

*Cause of Death,* First (Primary), Insufficiency of Aortic Valves

Second (Immediate), Dyspnoea

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 11th 1885

*Undertaker,* Duffy & Mitchell

*Place of Business,* 658 Broadway *Address,* Balt. & Broad. Sts.

G. A. Leidy M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85790 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 11 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Georg.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 3 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.,

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give Street and Number.} No. 57 Clifford Av

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Aug 11th 1885

*Undertaker,* F. Lewis Schafer

*Place of Business,* 109 N Fremont

Wm. V. Coleman M. D.
Medical Attendant.

*Address,* Cor Columbia Av & Penn St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

85791

Permit No. 85791 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG. 11 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Mozinski

*Sex, Male or Female,* {Cross out the word not required in this line.} V

*Age,* ..... *Years,* ..... 8 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} * 5 Shakspeare St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), .....

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus C

*Date of Burial,* Aug 11th

*Undertaker,* W. Leippert

*Place of Business,* 151 E Bond St

John H Rebburg M. D.
Medical Attendant.

*Address,* 243 Aliceanna St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85792 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD

*Date of Death,* Aug 10. '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Graham

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* —— *Months,* —— *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.} Unknown

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia - 23 Years.

*Duration of Residence in the City of Baltimore,* 23 Yrs.

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis Pulmonum

Second (Immediate), Haemoptysis

*Duration of Last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Aug 11. 1885

*Undertaker,* Wm H Mekmen

*Place of Business,* 234 W. Gay St *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superinteuding the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85793 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Schneider

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 14 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Carpet Weaver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give Street and Number.} Rear of 207 Baltimore St (Ed

*Cause of Death,* First (Primary), Rheumatism

Second (Immediate), Valvular Disease of Heart

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bal Cemetery

*Date of Burial,* Aug 12th 1885

*Undertaker,* D. Rassmann

*Place of Business,* 125 Orleans St

E. H. Rudolph M. D.

~~Medical Attendant~~ Coroner

*Address,* 10 Medical Guild St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85794 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD.

74

*Date of Death,* Aug 10th '85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harold Stanley Twomley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* ~~*Months,*~~ ~~*Days*~~

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Commercial Solicitor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Elizabeth New Jersey

*Duration of Residence in the City of Baltimore,* 5 Months

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Syphilis (tertiary)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About one year

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Aug 11th

*Undertaker,* John J Cowan

*Place of Business,* 89 Collins

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83795 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE AUG 11 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 10, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bu Peacock

*Sex,* ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

*Age,* 68 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Tinner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 64 Yrs.

*Place of Death,* {Give Street and Number.} 36 S Fallow

*Cause of Death,* First (Primary), Disease of Heart

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Aug 12/85

*Undertaker,* J. B. Cook

*Place of Business,* 767 W Balto *Address,* 319 Hollins

James Dooley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85796 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 9. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Fischer,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 8 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give Street and Number.} 193 E. Eager St.

*Cause of Death,*
First (Primary),
Second (Immediate), Tubercular Meningitis.

*Duration of Last Sickness,* 19 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ch

*Date of Burial,* August 11th 1885

*Undertaker,* Henry Hoecke

*Place of Business,* 369 W. Centre St. *Address,* 139 N. Calvert St.

George A. Rohé M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85797 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD

*Date of Death,* Aug. 10. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno A. Schael

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 2235 E. Eager St.

*Cause of Death,* First (Primary), Morning Ills.

Second (Immediate), Eclampsia

*Duration of Last Sickness,* 10 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Augst 11, 1885

*Undertaker,* Henry Hoerth

*Place of Business,* 304 N. Bond Ave. Address, 2302 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 83798 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 1885 BALTIMORE MD.

*Date of Death,* August 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Doetzer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 492 Canton Avenue

*Cause of Death,* First (Primary), Malformation of Heart

Second (Immediate), Cyanosis

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug. 11th 1885

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond St. *Address,* 417 S. Bond Street

James T. O'Shaun M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

# Health Department, City of Baltimore.

Permit No. 85799 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, BALTIMORE, MD. AUG. 11 1885

*Date of Death,* Aug. 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give, names of parents.} Joseph Henry Gordon

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

V

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 192 Constitution st.

*Cause of Death,* First (Primary), Diarrhea

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt vernon Cemetery

*Date of Burial,* Aug 11th 1885

*Undertaker,* Mary an# Pye

*Place of Business,* 9 Mulberry st *Address,* 283 N. Eden st.

E. B. Fenby, M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85480 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Carr

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* 11 *Months.* 0 *Days*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} single

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* 11 months

*Place of Death,* {Give Street and Number.} 116 Townsend st

*Cause of Death,* First (Primary), Warm Weather

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 12th 1885

*Undertaker* R. F. Kennedy

*Place of Business,* Woodward Ave

Benj F Bohm M. D.
Medical Attendant.

*Address,* Cor Greenmount & Oliver sts

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85801 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grover Henry Decker

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months.* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 30 James Alley

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Aylonsus Cemetry

*Date of Burial,* Aug 11th

*Undertaker,* B. Hale

*Place of Business,* 82 West st

Robert S. Lowe M. D.
Medical Attendant.

*Address,* 333 Light St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85802 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD

*Date of Death,* August 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa E. Beetz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* Four (4) *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City. Since Birth

*Duration of Residence in the City of Baltimore,* 98 Battery Ave

*Place of Death,* {Give Street and Number.} .....

*Cause of Death,* First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Eclampsia

*Duration of Last Sickness,* Three (3) Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Apfonses Cemetery

*Date of Burial,* Aug 11 "

*Undertaker,* B. Hale

*Place of Business,* 82 West St

H. Bolser M. D.
Medical Attendant.

*Address,* 98 Eager Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

# Health Department, City of Baltimore.

Permit No. 85803 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

AUG 11 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Andrews

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, Six Months, Twenty one Days

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 16 Jackson Alley

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), "

*Duration of Last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 12th 1885

*Undertaker,* W. H. Bishop Jr.

*Place of Business,* 27 Dolphin

Present

Elias C. Price M. D.

Medical Attendant.

*Address,* 262 W. Madison

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 83804 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug" 10" 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank. White

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* 46. *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa.

*Duration of Residence in the City of Baltimore,* Twenty years.

*Place of Death,* {Give Street and Number.} 14. Lee St.

*Cause of Death,* First (Primary), Diarhoea

Second (Immediate), Congestion of Kidneys

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 12" 1885

*Undertaker,* C. A. Mears.

*Place of Business,* Gay St.

James A. Hunt M. D.

~~Coroner~~ Comm'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunning Suspected

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks above and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83805 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. AUG 11 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie. Brown

*Sex,* ~~Male~~, *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 5 *Months,* ~~Days~~

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} # 81 S. Dallas St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* E. Pub. Cemetery

*Date of Burial,* August 11th 1885

*Undertaker,* Geo. Reinhart

*Place of Business,* Forrest St

James A. Grant M. D.

Medical Attendant

Address, Com. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John Mc. Dr Goey Inspector

# Health Department, City of Baltimore.

Permit No. 85806 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD

*Date of Death,* Aug. 10th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Peel.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *11* *Months.* *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 172 Wayne St.

*Cause of Death,* First (Primary), Teething.

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetary

*Date of Burial,* August 11 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Con. W Lafayette

J. B. White M. D
Medical Attendant.

*Address,* Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8580 4 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 10" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah Walker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 4 *Days*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 128 Pierce St

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 11 1885

*Undertaker,* S W Chase

*Place of Business,*

James A. Stewart M.D.

~~Medical Attendant~~ Physician.

*Address,* Com. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W. C. Roberts S. Insp.

# Health Department, City of Baltimore.

Permit No. 25808 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Joseph & Carrie Lawrence Parents

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 13 Hours *Years,* *Months.* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 61 Liberty St

*Cause of Death,* First (Primary), An eight months child (Premature birth)

Second (Immediate), Cyanosis

*Duration of Last Sickness,* 1 hour

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 11th 1885

*Undertaker,* Patrick F. Byrne

*Place of Business,* 61 Liberty St

H. Lowney M. D.
Medical Attendant.

*Address,* 2 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85809 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD

*Date of Death,* Aug 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Plumber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 41 Years

*Place of Death,* {Give Street and Number.} 88 E Madison

*Cause of Death,* First (Primary), Cancer of Stomach

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Mo

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 13th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 60 Greenmount Ave Address, 171 N Calvert St

Geo. B. Reese, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85810 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE MD. AUG 11 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Haas

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* 4 *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Plumber & Stoves,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany,

*Duration of Residence in the City of Baltimore,* 28 years.

*Place of Death,* {Give Street and Number.} 118 Sharp St.

*Cause of Death,* First (Primary), Renal Calculi, occlusion of Ureter,

Second (Immediate), Uraemia,

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* Wednesday Aug 12

*Undertaker,* Mr. Keehler

*Place of Business,* Sharp & Cross Sts

P. J. H. Tall, M. D.
Medical Attendant.

*Address,* 152 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85811 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1885

*Date of Death,* Aug 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Jesse H & Catherine Gallaher Parents

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 25 Hours *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 25 hrs

*Place of Death,* {Give Street and Number.} 676 St Charles St

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Ret 5 & 6 hrs Marasmus Exhaustion

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Lawn

*Date of Burial,* August 11th

*Undertaker,* Wm J Fickeisen

*Place of Business,* 65 S Eutaw St *Address,* 161 St Paul St

Dr A Bell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8 5 8 1 2 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPT. AUG 11 1885

*Date of Death,* Aug, 11th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Stapeinski

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 11 *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 88 Block St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Ophensia Cemetery

*Date of Burial,* August 11 85

*Undertaker,* E. Crock & Co

*Place of Business,* 218 Gay St

John H. Rehberger M. D.
Medical Attendant.

*Address,* 248 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85813 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly fully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Inf Ed. Johnson

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* — *Months,* ten *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 7 Bruce St

*Cause of Death,* First, (Primary,) "

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial* Hope Steam Cemetery,

*Date of Burial* Aug 10 1885

*Undertaker,* William Krieger

*Place of Business,* 461 East 4th

J. F. Schwartz M. D.,
Medical Attendant.

*Address,* 47 N Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85814 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 11 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mura Elva Haines

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* 7 *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 27 y Robinson St

*Cause of Death,* First (Primary),

Second (Immediate), Whooping Cough

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 11 85

*Undertaker,* Mrs Downey

*Place of Business,* East St

James A. Stuart M.D.

~~Medical Attendant~~ Coroner.

Address, Bur. of Health & Statistics

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

M C Robertson Sunday Inspectors

# Board of Health, City of Baltimore,

Permit No. 85815 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD.

*Date of Death,* August 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Lutz Marshall

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and Number.} 46 Jackson St

*Cause of Death,* First, (Primary,) Debility

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Ball cemetery

*Date of Burial,* August 12th 1885

*Undertaker,* James P Byrne

*Place of Business,* Mc Gowan's Front

Geo H Steadefer M. D.
Medical Attendant.

*Address,* 146 Bolton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 85816 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Haase.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 8 *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 112 ~~W~~ Lee St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Pt. Alp Cemetery

*Date of Burial,* Aug 12 1885

*Undertaker,* Henry Hoch

*Place of Business,* 209 N Eutaw [illegible] H. J. Knauth M. D. Medical Attendant.

*Address,* 186 August Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85817 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE MD.

*Date of Death,* Aug. 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Lunsford

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ~~Years,~~ 2 ~~Months,~~ 7 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ~~—~~

*Place of Death,* {Give Street and Number.} 31 Liberty al.

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Alms House

*Date of Burial,* August 12 1885

*Undertaker,* Henry Hoerle

*Place of Business,* Cor N. Central & *Address,* 203 N. Eden St

E. B. Fenby M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85818 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. F. Kenoff

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 33 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 17 years

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 158 N. Eden St

*Cause of Death,* First (Primary), Cirrhosis Hepatis

Second (Immediate), Dropsy

*Duration of Last Sickness,* Cannot say definitely

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Cem.

*Date of Burial,* 12th of August

J. W. Short M.D.
Medical Attendant.

*Undertaker,* Henry Heckmann

*Place of Business,* 153 N. Eden St Address. for Eugene Fairbird

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85819 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Burbaugh

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany ~~Baltimore~~

*Duration of Residence in the City of Baltimore,* ~~Life~~ Three Years

*Place of Death,* {Give Street and Number.} Tyler Wharf Bridow St

*Cause of Death,* First (Primary), Accidentally Drowned

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemetery

*Date of Burial,* 13 August 1885

*Undertaker,* John D Pluck

*Place of Business,* 265 Aliceanna St

C Hall Rutter M. D.
Medical Attendant.

*Address,* 108 Aliceanna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85820 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emile Rausch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 352 Sharp St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 12 August

*Undertaker,* Jno Hoehler

*Place of Business,* Sharp & Cross Sts *Address,* 16 Hanover St

Theodore Bolz M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85821 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina M. Focke

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* —— *Months,* —— *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 219 Worcher St.

*Cause of Death,* First (Primary), Cancer of Breast.

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetary

*Date of Burial,* Aug. 14. 1885.

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W. Fayette St. *Address,* 45 Franklin St.

Nathan R. Gorter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85822 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 12 1885

## CERTIFICATE OF DEATH.

a

*Date of Death,* August 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank & Mary Supik (Parents)

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* ~~~ 1/24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 32 Miller st

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 12th 1885

*Undertaker,* F Lovack & Co

*Place of Business,*

James A Steuart M. D.
Medical Attendant.

*Address,* Camp 16 & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85823 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 11th August 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Wolff

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 81 *Years,* 10 *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* cabinet maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Homburg Prus. 44 y. i. U.S.

*Duration of Residence in the City of Baltimore,* 44 years

*Place of Death,* {Give Street and Number.} N Baltimore Street 481

*Cause of Death,* First (Primary), Old age

Second (Immediate),

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* 13 August 1885

*Undertaker,* Ph. Teeval

*Place of Business,* E Eutaw St. 35

A. F. Cairnhaw M. D.
Medical Attendant.

*Address,* 211 N Howard Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85824 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Helfreich

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 2 d. Paca St

*Cause of Death,* First (Primary), Cirrhosis of Liver

Second (Immediate), Hydrops Pericardii

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* August 13th 1885

*Undertaker,* Ph. Seewald

*Place of Business,* 35 S. Eutaw

Wm Gould M. D.
Medical Attendant.

*Address,* 170 W. Shart St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 85825

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT BALTIMORE, MD. AUG 12 1885

# CERTIFICATE OF DEATH.

*Date of Death,* 11 Aug.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Clatin Brownley

*Sex, Male or Female,* { Cross out the word not required to this line. } Male.

*Age,* ... *Years,* 6 *Months,* 5 *Days.*

*Color,* White *Sex,* Male.

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number. } 261½ Orleans St

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) Prostation

*Duration of Last Sickness,* two months

All the above information should be furnished by the Physician.

*Place of Burial,* Bd Carmel

*Date of Burial,* Aug 12/85

*Undertaker,* Wm S. Fry

*Place of Business,* 81 W Broadway

J. M. Cochran M. D.
Medical Attendant.

*Address* 23 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

form

# Health Department, City of Baltimore.

Permit No. 85826 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD AUG 12 1885

## CERTIFICATE OF DEATH.

*Date of Death,* 11th August 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Sabousky

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* *Days*

*Color,* white.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Posen, Prussia, Germany

*Duration of Residence in the City of Baltimore,* 4½ months.

*Place of Death,* {Give Street and Number.} S. Durham Street 192.

*Cause of Death,* First (Primary), Tabes mesenterica

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus cem

*Date of Burial,* Aug 13th 12

*Undertaker,* W Bloxham Jr

*Place of Business,* 253 E. Lombard St *Address,* S. Wolfe & 11th

William Henkel M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Health Department, City of Baltimore.

Permit No. 85827 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

AUG 12 1885 BALTIMORE

*Date of Death,* Aug 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hahn

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Full life

*Place of Death,* {Give Street and Number.} 5-9 Amity St

*Cause of Death,* First (Primary), Scarlet Fever

Second (Immediate), Uraemia

*Duration of Last Sickness,* 2 Wks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 12th 1885

*Undertaker,* Matthew Cadogan

*Place of Business,* 257 Maryland Ave *Address,* 2321

W. F. Hice M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 7, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Alberta Nelson -

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female -

*Age,* — *Years,* 3 *Months,* — *Days.*

*Color,* Col. *Sex,* Female

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore -

*Duration of Residence in the City of Baltimore,* Lifetime -

*Place of Death,* {Give street and number.} 61 Vincent al -

*Cause of Death,* First (Primary,) Inanition Food -

Second (Immediate,) Cholera Infantum -

*Duration of Last Sickness,* Stated she nearly four weeks -

All the above information should be furnished by the Physician. Said that she only once at my office on Aug. 6, 1885 -

*Place of Burial,* Mt Clark Street

*Date of Burial,* 12th of aug

E. H. Holbrook M. D.

Medical Attendant.

*Undertaker,* Lawson & Brown.

*Place of Business,* 24 Lock Street

*Address* 155 N. Carey st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 8584 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED AUG 12 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH. 27

*Date of Death,* Aug 11 – 1885 – 8:15 a.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Holland.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* Black.

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* 7 days.

*Place of Death,* {Give Street and Number.} St. Josephs Hospital

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia.

*Duration of Last Sickness,* 1 yr.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub. Cemetery

*Date of Burial,* Aug 12th/85

*Undertaker,* Geo. Rinehart

*Place of Business,* Forrest Place *Address,*

F. W. Mead M. D.
per J. R. F. Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85830 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE MD.

*Date of Death,* Aug 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora B. Greason

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months.* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 327 W Lombard St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 13 1885

*Undertaker,* Geo. B. Cook

*Place of Business,* No 704 N Eutaw St

W. B. Phillips M. D.
Medical Attendant.

*Address,* 311 W Lombard St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85831 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Simmons

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 11 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Country

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 568 Carey St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cerebral Congestion

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Aug 13

*Undertaker,* Joseph B Cook

*Place of Business,* 407 W Baltimore

Jno D Blume M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85832 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 12

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday August 11th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Arold

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } Female

*Age,* — *Years,* 17 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Bacto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 886 West Pratt St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Malnutrition

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Auburn Cemetery

*Date of Burial,* Aug. 13th 1885

*Undertaker* Jos. B. Cook

*Place of Business* No. 70 Hanover St

J. D. Morris M. D.
Medical Attendant.

*Address,* 558 W. Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85833 — *Office of Registrar of Vital Statistics.* — Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

AUG 12 1885

*Date of Death,* 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother Ferguson Baby not Named (only half day old)

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 2 *Days* 1

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 20 Gilbert St

*Cause of Death,* First (Primary), Miscarriage (7 hrs & 2 months)

Second (Immediate), Convulsions

*Duration of Last Sickness,* few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 12th 1885

*Undertaker,* Wm H Burgee

*Place of Business,* 62 East St

H F Hill M. D.
Medical Attendant.

*Address,* 22 [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85834 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guy Franklin Broom

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* 7 *Days*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore —

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 92 S Carrington Av.

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Coma

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug 13/85

*Undertaker,* W. A. Kaiser

*Place of Business,* 348 S. Bdwy, *Address,* 51 S Bdwy

G B Britton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85835

## *Office of Registrar of Vital Statistics.*

Ward 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
FEB 12 1885
BALTIMORE MD.

*Date of Death,* Aug 11" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Shipley

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* ~~ *Years,* 2 *Months,* 4 *Days*

*Color,* Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 14 Biddle alley

*Cause of Death,* First (Primary), Spasms

Second (Immediate),

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Aug 12" 1885

*Undertaker,* Wm F Hemsley

*Place of Business,* Address, Camp bet

Edmund Chas M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

W. B. Roberts Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 85836 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 12 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward W. Clifford

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Telegraph Operator

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 352 Light St

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Uraemia

*Duration of Last Sickness,* Abt Two Week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 14th

*Undertaker,* B. Hearle

*Place of Business,* 82 West St

L. L. Bell M. D.
Medical Attendant.

*Address,* 161 Lee St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85837 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1885

*Date of Death,* August 11th, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariana Estowski

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *5* *Months.* *13* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 10 Burrough St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Aposnes Cemetry

*Date of Burial,* Aug 13th

*Undertaker,* B. Hark

*Place of Business,* 89 West st

Robert S. Rowe M. D.
Medical Attendant.

*Address,* 333 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 66838 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE

*Date of Death,* Aug 11 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Durbow

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1506 n Gilmor st

*Cause of Death,* First (Primary), Improper feeding indigestion

Second (Immediate), Marasmus

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Aug 13th

*Undertaker,* ~~John J~~ Cowan

*Place of Business,* 84 Hollins st *Address,* 124 n Exeter st

E. C. Baldwin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85839 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 12 [illegible]
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Williams of Emma

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 12 Hours *Days*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 2 Brinsmead Alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Congestion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* Aug 12/85

*Undertaker,* H Kirchner

*Place of Business,* ..... *Address,* Court No. 8 N

Edward Kemp M. D.
Attending Physician

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. C. Roberts Supt

# Health Department, City of Baltimore.

Permit No. 85840 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

HEALTH DEPARTMENT BALTIMORE AUG 12 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Flynn

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* 2 *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* House wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 32 yrs

*Place of Death,* {Give Street and Number.} Oyster & Stile, Residence 29 Eutaw St

*Cause of Death,* First (Primary), Painful Veins

Second (Immediate), Rupture of Veins, "Hemorrage"

*Duration of Last Sickness,* Few Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 13th 1885

*Undertaker,* Wm H. Mears

*Place of Business,* 46 N Eutaw St

N Knight Hartzler M. D.
Medical Attendant.

*Address,* 88 E Balt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 85841 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

REGISTRAR'S DEPARTMENT AUG 12 1885 BALTIMORE MD

C

*Date of Death,* Aug 11th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Masopust.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* 8 Years.

*Place of Death,* {Give street and Number.} 203 Light St.

*Cause of Death,* First, (Primary,) Catarrhal Pneumonitis with general

Second, (Immediate,) (Exhaustion) Enteritis.

*Duration of Last Sickness,* 9 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian Nat Cemet

*Date of Burial,* Aug 13th 1885

*Undertaker,* Frank Krack Co

*Place of Business,*

Geo A Krauss. - M. D., Medical Attendant.

*Address,* 226 Montgomery St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 35642 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12 Th 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis B. Avery

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* ..... *Years,* 16 *Months,* ..... *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 232 Preston St

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Eclampsia

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cem.

*Date of Burial,* Aug 13.

*Undertaker,* Walter Immel

*Place of Business,* 315 N Biddle *Address,* .....

H. Ruckert M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age; and condition (whether married or single) of the person deceased, and the cause and date of death: [over.]

# Health Department, City of Baltimore.

Permit No. 85843 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Sullens

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Two *Years,* Eleven *Months.* Twenty *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} # 8 Cannon St.

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), —

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* M E Cemetery

*Date of Burial,* Aug 13" 1885

{*Undertaker* Dingy & Mitchell

*Place of Business,* 68 S Broadway

H. L. Warner M. D.
Medical Attendant.

*Address,* # 56 Bank St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85844 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF ~~DEATH~~.

HEALTH DEPARTMENT AUG 13 1885

*Date of Death,* Aug 11th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hamburger

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 259 Lexington St

*Cause of Death,* First (Primary), Marasmus,

Second (Immediate),

*Duration of Last Sickness,* Two Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom

*Date of Burial,* Aug 13th 1885

*Undertaker,* Wm Cilaw

*Place of Business,* 101 Gough St

John L. Thos M. D.
Medical Attendant.

*Address* 253 Lexington St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85845 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Wilson,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 6 Days

*Color,* Black,

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Died

*Place of Death,* {Give Street and Number.} 7 Madison St.

*Cause of Death,* First (Primary), Marasmus,

Second (Immediate),

*Duration of Last Sickness,* Constitutionally Dilicate from Birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* Aug 13th 1885

*Undertaker,* Wm Hensley

*Place of Business,* 116 Richardson Address, 973 Lexington St.

Wm. A. Frazier M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...spondent is respectfully referred to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85846 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

PUBLIC DEPARTMENT
AUG 13 1885
BALTIMORE MD

*Date of Death,* Aug. 11? 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Krug

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 160 S. Spring St.

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Paralysis

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Aug 13th

*Undertaker,* Fred Gaede

*Place of Business,* 278 S. Caroline *Address* 245 S. Broadway

F. Luther M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85847 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
AUG 13 1885

*Date of Death,* Aug 12"

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Winder

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* — *Months.* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No. 2 Walker St.

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Aug 13 1885 Edward Wardlaw M. D.

*Undertaker,* Wm J. Pickney Medical Attendant.

*Place of Business,* 65 S. Eutaw Street Address Cor Columbia Ave & Fremont St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over}

# Board of Health, City of Baltimore,

Permit No. 85848 *Office of Registrar of Vital Statistics.* 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Schmall

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* ——— *Years,* 8 or 9 *Months,* *Daye.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Tail

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 130 Ridgely st

*Cause of Death,* First, (Primary.) Teething (Dentitions)

Second, (Immediate.) Congestion of Brain

*Duration of Last Sickness,* One Week.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 14th 1885

H. M. Belt M.D.,
Medical Attendant.

*Undertaker,* Ernst Schlosser

*Place of Business,* 181 Sharp st Address. 12 & Cathedral

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85849 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Glorious

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 58 *Years,* 11 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} 80 Chew St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 15th

*Undertaker,* E. A. Schilling

*Place of Business,* Ashland & Lynn

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Chase St & Forest Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85857

*Office of Registrar of Vital Statistics.*

3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 13. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alison M. Mills

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} single

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt City, "

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 2742 E. Balt St.

*Cause of Death,* First, (Primary.) Phthisis "

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* about five months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 14th

*Undertaker,* Geo. Schilling

*Place of Business,* Holland & Agnew

Heaton Brewer M.D.,

Medical Attendant.

*Address,* 6 S. Mc Culloh St

---

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8887

*Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MD. AUG 13 1885

*Date of Death,* Aug. 13/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Meluski

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bald. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 26 Fleet st.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Aug 13 85

*Undertaker,* Jno C Schutt

*Place of Business,* 265 Aliceanna *Address,* 522 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8582 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

AUG 13 1885

*Date of Death,* Aug 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan Yeakel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months.* 7 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 375 - Penna Ave

*Cause of Death,* First (Primary), Indigestion

Second (Immediate),

*Duration of Last Sickness,* 5 - Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus.

*Date of Burial,* Aug 14th 1885

*Undertaker,* Morton Fahey

*Place of Business,* 126 & 128 Townsend St

*Address,*

H J Howick M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85853 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 13 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11" 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eli Morris

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~~~ *Years,* ~~~~ *Months,* 21 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 16 Forest st

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Inanition

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 13" 85

*Undertaker,* W. W. Madden

*Place of Business,* East St

James A Steuart M. D.

~~Medical Attendant~~

Address, Bon Sec B & O R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Dr W Fitzpatrick Sanitary Inspector

# Board of Health, City of Baltimore,

Permit No. 85854 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lazarus Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 73 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Pedlar

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give street and Number.} Hebrew Hospital

*Cause of Death,* First, (Primary,) Chronic Cystitis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 13

*Undertaker,* Wm Eilan

*Place of Business,* 101 Gough *Address,*

A Friedenwald M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85855 *Office of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Lenz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 9 *Months,* 10 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 269 E. Dallas st

*Cause of Death,* First (Primary), Syphilitic mania

Second (Immediate),

*Duration of Last Sickness,* During life-time

All the above information should be furnished by the Physician.

*Place of Burial,* Greenly Cemetery

*Date of Burial,* august 16. 1885

*Undertaker,* John Tafe

*Place of Business,* 201 E Baltimore st

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13th 1885 at 4 o'clock P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Douglas

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 57 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 257 Lee St Baltimore Md.

*Cause of Death* { First, (Primary,) Palsy
Second, (Immediate,)

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 15th 1885

*Undertaker,* John S. Mosher

*Place of Business,* No 150 London St

C. C. Richardson M. D.
Medical Attendant.

*Address,* Lombard & Fremont Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

§ 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Permit No. 85857

18 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Kaufmann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number.} 48 Stockholm

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 13th 1885

*Undertaker,* John S. Mercker

*Place of Business,* No 150 Canton Av

R C Smith M.D.,

Medical Attendant.

*Address,* 116 Eutaw

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 85858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane b. Amos

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 74 *Years,* — — 5 — — *Months,* — — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 18 mos.

*Place of Death,* {Give street and number} 708 N. Gilmor St.

*Cause of Death,* First, (Primary,) Hemiplegia

Second, (Immediate,)

*Duration of last Sickness,* 4 weeks —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 14 th 1885

John D. King M. D.
Medical Attendant.

*Undertaker,* John J Mischa

*Place of Business,* No 180 Camden *Address,* 215 N. Carrollton a

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore.

Permit No. 85859

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 12. 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wilkinson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 89 *Years,* — *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Edinburgh Scotland

*Duration of Residence in the City of Baltimore,* Sixty Years

*Place of Death,* {Give street and number.} N 298 N Eutaw St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Old age

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* August 15th 1888

*Undertaker,* Chas T Scriven

*Place of Business,* 2718 Eutaw St

James Mintage M.D.,
Medical Attendant.

*Address,* N 14 N Paca St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85860 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 13 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* *Days*

*Color,* Blk

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 2 — 3

*Place of Death;* {Give Street and Number.} 142 Welcome alley

*Cause of Death,* First (Primary), Gastro-enteritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 1 week 0

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 14 1885

*Undertaker,* Hercules Ross

*Place of Business,* 75 Can Pl *Residence Address,* 313 Eight St

M. S. Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85861 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 13 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul. Christ. Willo

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 9 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widowed*~~ {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 16 Colvert Road

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Alpha Cemetery

*Date of Burial,* 14th August

*Undertaker,* Jno. P. Paulus

*Place of Business,* 66 Fredericks Ave *Address,* 279 W. Fayette

J. Homer Hoffman M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85862

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPT. AUG 13 1885

*Date of Death,* 12. August 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Deisslein

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 3. *Days.*

*Color,* white

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give street and number.} No 3. S. Chapel st.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Atrophia infantum.

*Duration of Last Sickness,* since birth.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug. 14 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 124 N. Broadway

Robt S. Arthur M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85863

## Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley Gray

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 1 *Years,* ..... *Months.* ..... *Days*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 1 yr

*Place of Death,* {Give Street and Number.} 46 N Caroline St

*Cause of Death,* First (Primary), Diarrhea

Second (Immediate), Convulsions

*Duration of Last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 14 1885

*Undertaker,* J. H. Chase

*Place of Business,* 1 E Monument

J W Bruyhan M. D.
Medical Attendant.

*Address,* 1 E Monument Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 858864 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 22 *Years,* — *Months,* — *Days*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md.

*Duration of Residence in the City of Baltimore,* 20 yrs & 6 mos

*Place of Death,* {Give Street and Number.} 4 Boyd St.

*Cause of Death,* First (Primary), Typhoid Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 14 1885

*Undertaker,* S. S. Rinehart

*Place of Business,* 198 S. Howard St *Address,* 248 N. Lombard St

H. H. Weber M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85865 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 14/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* 1 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 18 Stockholm St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 15th 1885

*Undertaker,* John F Meaker

*Place of Business,* No 150 Canton Av

Wm A Blake M. D.
Medical Attendant.

*Address,* 158 Pacific St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85866 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C. Miller, 2a

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~

*Age,* ~~ *Years,* 11 *Months,* ~~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~

*Occupation,* ~~ ~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~ City ~

*Duration of Residence in the City of Baltimore,* ~ Lifetime ~

*Place of Death,* {Give Street and Number.} 472 West Lombard St

*Cause of Death,* First (Primary), ~ Enteritis ~

Second (Immediate), ~ Meningitis ~

*Duration of Last Sickness,* ~ 1 week ~

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* August 15 1885 Wm. A. B. Sellman, M. D.

Medical Attendant.

*Undertaker,* John Kenney

*Place of Business,* 352 Orleans St *Address,* 46 West Biddle St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85867 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* ..... 2 Hrs ~~Days~~

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 84 N Washington

*Cause of Death,* First (Primary), Pneumonia Bronchial

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 Hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Rock Mtg Hanover Co Va

*Date of Burial,* Aug 14/85

*Undertaker,* W M Fitzhugh

*Place of Business,* ..... *Address,* Camp Hanover & R

James A Steuart M. D.

Medical Examiner

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry McM Keown Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 85868 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maybell Reide

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} No 410 N Stricker St

*Cause of Death,* First (Primary),

Second (Immediate), Dentition

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 14th 1885

*Undertaker,* Chas T Scriven

*Place of Business,* 220 Eutaw St *Address,* 220 N Eutaw St

M K Warner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85869 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C Herbert

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* 9 *Months.* *Days*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co Maryland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 500 Druid Hill Avenue

*Cause of Death,* First (Primary), Phthisis Pulmonalis hemorrhage

Second (Immediate), Exhaustion from

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Aug 14th 1885

*Undertaker,* H. Davis Schaefer

*Place of Business,* 709 N Fremont Address, 234 Madison Ave

A. J. Bell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85879 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 13th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Reinhardt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* 6 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give Street and Number.} No 48 McHenry Ct

*Cause of Death,* First (Primary), Typhoid-fever

Second (Immediate),

*Duration of Last Sickness,* 3 weeks-

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Aug 15th 1885

*Undertaker,* F. L. Davis Schaefer

*Place of Business,* 109 N Bremod

*Address* Cor. Columbia ave & Bremod Sts

David Goldenberg, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8587 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

*Date of Death,* Aug 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily L. Price

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* Thirty one *Years,* *Months.* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 344 W Fayette St

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Meningitis Cerebro-Spinalis

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 16th 1885

*Undertaker,* Century Mitchell

*Place of Business,* 530 W Fayette

Dr. A. Brewer Consy Hosp Physician

Elias L. Price M. D.

Medical Attendant.

*Address,* 262 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8587 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 14 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Wambold.

*Sex, Male or ~~Female~~;* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 321 S. Charles St.

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnd Carmel asn

*Date of Burial,* Aug 1st 16 14

*Undertaker,* W Blothamy Jr

*Place of Business,* ~~2435~~ E. Lombard St

E. J. N. Tull M. D.
Medical Attendant.

*Address,* 152 S Chas St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83873 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 13, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lindsell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} No 207 S Washington st

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 14

*Undertaker,* Wright

*Place of Business,* *Address,* [illegible]

D Scott M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 65874 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 13 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Eliz Lee Baltimore

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 64 *Years,* 10 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Staunton Va

*Duration of Residence in the City of Baltimore,* 17 Yrs.

*Place of Death,* {Give Street and Number.} 22 Hopkins ave

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 2 or 3 Wks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Grave Yard Waverly

*Date of Burial,* Aug 15th 1885

*Undertaker,* Wm J Eastern Sons

*Place of Business,* Pa Ave Waverly

F F Hill M. D.
Medical Attendant.

*Address,* 23 Edan

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 88875 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Hardy

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

*Age,* — *Years,* Nine *Months,* — *Days*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Nine Months

*Place of Death,* {Give Street and Number.} 29 Rich St

*Cause of Death* { First (Primary), Drainbrain

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shorb St Cemetery

*Date of Burial,* Aug 14th 1885

*Undertaker,* William Mundy

*Place of Business,* 62 East St

Edwin P Jones M. D.
Medical Attendant.

*Address,* 207 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Board of Health, City of Baltimore.

**Permit No.** 85876 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL, CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

*Date of Death,* Aug. 12. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Stewart

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* ~~Colored~~ White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* Fifteen Years

*Place of Death,* {Give street and Number.} 29 N Bruce St

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate), Uraemic Poison

*Duration of Last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery.

*Date of Burial,* Aug 14th 1885

*Undertaker* William Berger

*Place of Business,* 462 East Eff Address, Gilmor St cor Lafayette

J. E. Urquhart M. D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Annexed Circular, Relative to Use of Disinfectants.

# Health Department, City of Baltimore.

Permit No. 85877 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hissey

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} ✓

*Age,* ..... *Years,* 4 *Months,* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 7 Marshall av

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Cedar Hill C.

*Date of Burial,* August 14

*Undertaker,* B Hoag

*Place of Business,* 8 West St

Wm A. Cooke M. D.
Medical Attendant.

*Address,* 110 Font ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85878 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Loose

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 94 Lowson St.

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* August 14

*Undertaker,* B. Hall

*Place of Business,* 82 West 11

Robert L. Lowson M. D.

Medical Attendant:

*Address,* 333 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blank [illegible]

# Board of Health, City of Baltimore.

Permit No. 85879 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if [illegible] requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

*Date of Death,* August 13 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Sawyer.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* About one hour Years, Months, Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} No. 348 Hanford avenue.

*Cause of Death,* First (Primary). Premature Birth.

Second (Immediate). Lack of vitality - having advanced to about the sixth month of gestation.

*Duration of Last Sickness,*

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City. (Birth certificate will be returned to midwife)

*Date of Burial,* Aug 14=1885

*Undertaker* Jas. McCrory.

*Place of Business,*

Chas. A. Elsewell, M. D.
Medical Attendant.

*Address,* 559 Hanford avenue.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 85880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie V. Price

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 9 *Months,* *Days.*

*Color,* White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} Aisquith St near Hoffman "

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery A. G. Watson M. D.
Medical Attendant.

*Date of Burial,* Aug 15 th

*Undertaker,* H. C. Wiedefeld *Address* 599 N. Central ave

*Place of Business,* 90 Greenmount ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85881 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

*Date of Death,* Aug 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Joseph

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,* Stone Cutter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Poland (15 yrs in Am.

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give Street and Number.} R.C. Josephs Hospital

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus C.

*Date of Burial,* Aug 15th 1885

*Undertaker,* C. G. Frame

*Place of Business,* Bank & Wolfe Sts

Oscar J. Cokery M. D.
Medical Attendant.

*Address,* 188 E. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No: 85882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alu Kramer

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 3 *Months,* ____ *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give street and number} Federal St - Baltimore Md

*Cause of Death,* First, (Primary.) ____ Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Com.

*Date of Burial,* Aug 14. 1885

R G Rankin — M. D.
Medical Attendant.

*Undertaker,* H. H. Hickman

*Place of Business,* 234 E. Gay | *Address,* ____

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 85883 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Lutz

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ... *Years,* ... 8 *Months,* ... 21 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 6 S. High st.

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug. 14th 1885

*Undertaker* H. Sandelbach

*Place of Business,* 252 Canton Ave

H. L. Daniel M. D.
Medical Attendant.

*Address,* 325 E. Baltimore st.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 8584 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

*Date of Death,* Aug - 14 / 85 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary -

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months.* — *Days*

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto -

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St. Vincent's Infant asylum

*Cause of Death,* First (Primary), Cholera Infantum -

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug - 17th - 1885.

*Undertaker,* Robert Robinson -

*Place of Business,* Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85885 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 14. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. James [illegible]

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* ..... *Months,* ..... *Days*

*Color,*

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Builder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* Sixty-five years

*Place of Death,* {Give Street and Number.} 205 E. Pratt St

*Cause of Death,* First (Primary), Meningeal Hemorrhage

Second (Immediate), Paralysis

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Phil'a Road Meth E Cemetery

*Date of Burial,* August 16th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

G. G. Kirk M.D.
Medical Attendant.

*Address,* Balto & Paul. Rd.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8586 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1885 BALTIMORE, MD.

*Date of Death,* August 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Kavanaugh

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Two (2) *Years,* Seven (7) *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 739 N. Durham St.

*Cause of Death,* First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

*Duration of Last Sickness,* One (1) week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Johns

*Date of Burial,* August 14/85

*Undertaker,* Frank Cook 865

*Place of Business,* 217 N. Durham

D. W. Fisher M. D.
Medical Attendant.

Address, 1611 E. Fayette

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 85486 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 2 a.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Augustus Rooker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 5 Months, 7. Days.

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City all. its Life.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 26: Addison St.

*Cause of Death,* First (Primary). Cholera Infantum

Second (Immediate). Exhaustion

*Duration of Last Sickness,* one month.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent

*Date of Burial,* Aug 14th 1885

*Undertaker* Charles F Evans

*Place of Business,* Eager & Valley *Address,* City

J. B. Saunders, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 8887 *Office of Registrar of Vital Statistics.* Ward 10?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Peterson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 8 *Months,* 15 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ Single

*Occupation,* ~~Boy~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* ~~8 years~~

*Place of Death,* {Give street and Number.} 42 Diamond St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount St

*Date of Burial,* Aug 16th 1885

*Undertaker,* Chas Hensley

*Place of Business,* 116 Orchard St. *Address,* 150 N Paca St

J. A. Gillies M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 85889 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Bhert

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days*

~~*Color*~~,

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Brewer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} Belair Road at Mutts old stand

*Cause of Death,* First (Primary), Rheumatism, Gangrene of right foot. Leg amputated

Second (Immediate), Tuberculosis

*Duration of Last Sickness,* Eight Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 16th

*Undertaker,* Geo Schilling

*Place of Business,* Ark and Eyeau

H. H. White, Jr. Assistant Professor Maryland University Hospital M. D.
Medical Attendant.

*Address,* Grove & Lombard Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85890 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Loehner

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 yrs.

*Place of Death,* {Give Street and Number.} 151 S. Chapman St

*Cause of Death,* First (Primary), Inflammation of the bowels

Second (Immediate), Peritonitis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Bury

*Date of Burial,* August 15/85

*Undertaker,* Michael Funk

*Place of Business,* 33 Bank St

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85891 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
AUG 15 1885

*Date of Death,* aug. 13 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hedwig M. Hartman

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* ..... *Months,* 4 2 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Inf.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 163 Argyle ave

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), asthenia

*Duration of Last Sickness,* 4 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* aug. 15 1885

*Undertaker,* H. Shutthers

*Place of Business,* 261 E. Monument st

D. Smith M. D.
Medical Attendant.

*Address,* 1483 Eden st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85892 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

*Date of Death,* ~~Annie Mary Batzer~~ Aug. 14. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Batzer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 43 yrs.

*Place of Death,* {Give Street and Number.} # 243 E. Eager st.

*Cause of Death,* First (Primary), Heart disease, paralysis, & other ~~cau~~ & a complication of diseases

Second (Immediate),

*Duration of Last Sickness,* Some years. Only saw her a few hours before death

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemtr

*Date of Burial,* August 15, 1885

*Undertaker,* Henry Haeth

*Place of Business,* 309 N Central ave *Address,* # 305 N Caroline St.

Geo A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85893 *Office of Registrar of Vital Statistics.* Ward 81

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Lyons

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters of

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Ct

*Date of Burial,* Aug 15 1885

*Undertaker,* Henry Hoerle

*Place of Business,* 307 W Pratt St *Address,*

Jno. Brooke Bond M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

K SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85894 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis McNamara

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* about 60 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give Street and Number.} 106 N Hodson

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 Mo

All the above information should be furnished by the Physician.

*Place of Burial,* Govanstown Md

*Date of Burial,* Augt 16 1885

*Undertaker,* F. Ferris Schaefer

*Place of Business,* Fremont & *Address,* 171 N Eutaw

Leo Eckenrode M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85895 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 14 Dora A. t Oscar C.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martinette (No Given Name) Parents

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, Days

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 304 N. Edmon st. Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 304 N. Edmon st.

*Cause of Death,* First (Primary),

Second (Immediate), Torsion of Hernia Obstruction

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* August 15, 85

*Undertaker,* J B. Cook

*Place of Business,* 707 W Balto St

Jas. G. Hutchins M. D.
Medical Attendant.

*Address,* Fayette & Pearl

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 85896 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE

*Date of Death,* August 14 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Ludiatzka

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 18 Golds Lane

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* August 15

*Undertaker,* B Frank

*Place of Business,* 82 West St *Address,* 140 Hanover St

Theodore Bortz *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8587 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* ~~March~~ Aug. 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ocka Baltimore

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 157 Hamburg

*Cause of Death,* First (Primary), Paralysis following Diphtheria

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* August 16th

*Undertaker,* M. Farle

*Place of Business,* 52 West St

R. J. H. Tull M. D.
Medical Attendant.

*Address,* 152 Stirling St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85898 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Hauber

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* 6 *Months,* 3 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Brewer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baden, Germany

*Duration of Residence in the City of Baltimore,* 13 yrs.

*Place of Death,* {Give Street and Number.} 101 Wilhelm St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 6 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* August 16th 1885

*Undertaker,* J. Wm. P. Poulton

*Place of Business,* #66 Hurst Ave

C. Herman Hoffman M. D.
Medical Attendant.

Address. 272 W. Fayette St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

# Health Department, City of Baltimore.

Permit No. 85899 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Israel

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Conveyancer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 118 Greene St

*Cause of Death,* First (Primary), General debility

Second (Immediate), Heart failure

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cy.

*Date of Burial,* Aug 17th 1885

*Undertaker,* Chas. T. Mayer

*Place of Business,* 350 W. Balto St. *Address,* Residence Greene St

Geo. A. Fleming M. D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85900 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara J. Logue

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 163 Harford Ave

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 15th

*Undertaker,* H. C. Windefeld

*Place of Business,* 60 Aisquith Ave

Jer. Forte Bacon M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85901 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Parley Hammond

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} 409 W Lanvale

*Cause of Death,* First (Primary), Debility

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Worcester Mass.

*Date of Burial,* Aug 17th 1855

*Undertaker,* Beasley & Mitchell

*Place of Business,* 330 W Fayette

Lt H Knox M. D.
Medical Attendant.

*Address,* 584 W Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3441

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85902 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13 d 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rebecca Keogh

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Entire

*Place of Death,* {Give Street and Number.} 44 Cripple St

*Cause of Death,* First (Primary), Hemorrhage Lungs

Second (Immediate), Congestion of Lungs Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 15th 1885

*Undertaker,* J. P. Locke

*Place of Business,* 173 Hanover St

Samuel Miller M. D.
Medical Attendant.

*Address,* 199 E. Monument St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85903 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Simpson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* ~~*Months,*~~ *Days,*

*Color,* col

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Washerwoman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co, Md

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and Number.} 139 Gold

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* 6 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Ver Cemetery

*Date of Burial,* Aug 15 1885

*Undertaker,* W H Chase

*Place of Business,* 198 Howard

W. H. Loshmann M. D.,
Medical Attendant.

*Address,* 349 Light

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 8 8 7 0 1 4 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 8, 13, 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Singleton

*Sex, Male or ~~Female,~~* { Cross out the word not required in this line. }

*Age,* 24 *Years,* ——— *Months,* ——— *Days,*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Virginia

*Duration of Residence in the City of Baltimore,* 7 Years

*Place of Death,* { Give street and Number. } 210 One St

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* 3 1/2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Aug 16 1885

*Undertaker,* J H Chase

*Place of Business,* 198 Howard St

Edwd McCausen Medical Attendant

*Address,* 214 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 85905 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Stagge

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 17 Days

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 73 Lodge st

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug. 15th 1885

H. W. Weeks M. D.
Medical Attendant.

*Undertaker,* Ph. J. Dillon & son

*Place of Business,* 125 Columbia *Address,* 298 W. Lombard st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and se and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85906 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah A. C. Clark

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* —— *Months,* 2 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 269 S Pacas

*Cause of Death,* First (Primary), ——

Second (Immediate), Gastritis (Acute)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* August 16 85

*Undertaker,* J. L. Pumphrey

*Place of Business,* 150 Pratt St

Geo D. Black M. D.
Medical Attendant.

*Address,* 158 S Pacas St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85707 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Isabella Smith

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* Fifty *Years,* ——— *Months,* ——— *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* About 50 years

*Place of Death,* {Give Street and Number.} No 3 N. Exeter St.

*Cause of Death,* First (Primary), Cancer Breast.

Second (Immediate), Anaemia

*Duration of Last Sickness,* Nine months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 15th 1885

*Undertaker,* Chas. F. Evans & Co

*Place of Business,* Cor Gay & Lucas St

Edward E. Mastay M. D.
Medical Attendant.

*Address,* 69 Franklin St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

# Health Department, City of Baltimore.

Permit No. 85908 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 14, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Erline Fiss

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 17 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 2 W. Baltimore St.

*Cause of Death,*
First (Primary),
Second (Immediate), Convulsions.

*Duration of Last Sickness,* 24 hours.

All the above Information should be furnished by the Physician.

*Place of Burial,* Dallas Cem

*Date of Burial,* Aug 16th 85

*Undertaker,* Jos R Cook

*Place of Business,* 707 W. Balto St *Address,* 55 E Baltimore St.

J. W. Hook M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85909 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD. AUG 15 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Simon

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* 9 *Months,* 6 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,* Seamstress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Brandenburg. Prussia.

*Duration of Residence in the City of Baltimore,* 2 yrs 8 months.

*Place of Death,* {Give Street and Number.} 156 S Register Ste

*Cause of Death,* First (Primary), Cirrhosis of the Liver.

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 4 weeks — Sickly over 1 yr.

All the above information should be furnished by the Physician.

*Place of Burial,* St Evangelical cem

*Date of Burial,* Aug 16th 1885

*Undertaker,* H. Standerford — A. V. Gosweiler, M. D. Medical Attendant.

*Place of Business,* 252 Baltimore *Address,* 96 S. Ann Str.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

No. 85910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

...cian who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...ertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...sted so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Mercer

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* Forty one *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Her whole life time

*Place of Death,* {Give street and number} 340 E Chase St

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) de Pulmonary

*Duration of last Sickness,* About one year ill

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 17th 1885

W. H. Hammond M. D.
Medical Attendant.

*Undertaker,* Leslie J Scriven

*Place of Business,* 231 Lexington St *Address,* 64 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...tion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 85711 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

9

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abram Lane

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* ..... *Months,* ..... *Days*

*Color,* Mulatto

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Coachman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} On 40 Law Pleasant st

*Cause of Death,* First (Primary), Dropsy

Second (Immediate), Senile Exhaustion

*Duration of Last Sickness,* about Four years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Aug 16th 1885

James A Steuart M. D.
Medical Attendant.

*Undertaker,* Wm Jas Gray

*Place of Business,* 63 Mulberry *Address,* 93 Park Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 85912 ~~Office~~ *of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard J. Brooks.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days,*

*Color,* white

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* — — — — —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 1 yr

*Place of Death,* {Give street and Number.} 331 William St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 2 wks. —

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 16/85

*Undertaker,* B. Haile

*Place of Business,* West St

Geo A Jones M. D.,
Medical Attendant.

*Address,* 226 Montgomery

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85713 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE AUG 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Burkett

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ~~———~~ *Years,* ~~———~~ *Months,* 14 *Days*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 214 Stockholm St

*Cause of Death,* First (Primary), Spasms

Second (Immediate),

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Aug 16/85

*Undertaker,* H. Rees

*Place of Business,* Conway St *Address,* Camp & Pine

James A Steuart M. D. Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. R. Roberts Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 8591 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 13 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. E. Longhran

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 22 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 30 N. Front

*Cause of Death,* First (Primary), Typho-Malarial fever

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Aug 15th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N Gay st

J. W. P. Bales M. D.
Medical Attendant.

*Address,* 1½ E. Eutaw

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85915 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August, 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerlot Gerch.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* x *Months,* x *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore.* 35 years

*Place of Death,* {Give Street and Number.} 131 S Wolfe St

*Cause of Death,* First (Primary),

Second (Immediate), Intussusception

*Duration of Last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* Aug 16, 1885

*Undertaker,* G Krouse

*Place of Business* Bank & Wolfe

A Fritzshertzer M. D.
Medical Attendant.

Address, 88 S Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85716 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug-14/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schaaf H

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ... 1 *Months,* ... 14 *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Diarrhea.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug 15th 85

*Undertaker,* G. J. France

*Place of Business,* 6 Pontiac Place

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem Ave & Calhoun

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85917 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

AUG 15 1[illegible]
BALTIMORE MD

*Date of Death,* Aug. 14 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Nevaca

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* — *Months,* — *Days*

*Color,* Wht.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} No. 12 Fish Market Space

*Cause of Death,* First (Primary), Disease of Mitral valves,

Second (Immediate), Instant death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Aug 15 85

*Undertaker,* Jas. P Byrne

*Place of Business,* 63 Penn

Alexander Hill M. D.
Medical Attendant.

*Address,* Coroners Cert. Dist

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85718 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ballgate

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 34 yrs *Years,* 11 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Police Officer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Berickshire Scotland

*Duration of Residence in the City of Baltimore,* 10 Months.

*Place of Death,* {Give Street and Number.} No 383 N. Penn St.

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate), Apoplexy.

*Duration of Last Sickness,* One hour

All the above information should be furnished by the Physician.

*Place of Burial,* Elkridge Landing

*Date of Burial,* Aug 16/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. *Address,* S.W. Cor Gilmor & Lombard

C. Hampson Jones M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85919 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH

*Date of Death,* Aug 13/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph P. Allen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 6 *Months.* 4 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give Street and Number.} 70 Paca St.

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Aug 16/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 831 W Pratt

L. R. Wilson *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85920 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG. 16 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Blanche Crim

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 185 W. Fayette St.

*Cause of Death,* First (Primary), Hereditary Tuberculosis

Second (Immediate), Neurasthenia.

*Duration of Last Sickness,* Twelve Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* [redacted]/85

*Undertaker,* [redacted]

*Place of Business,* [redacted]

W. H. Grinder by A. P. Smith M. D.
Medical Attendant.

*Address,* 185 W. Fayette St. 75 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85921 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Davis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* 7 *Months,* 1 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* 21. 7. & 1.

*Place of Death,* {Give Street and Number.} 236 Hughes St.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 16 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 E. Lan Ave

R. C. Lee M. D.
Medical Attendant.

*Address,* Hanover St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85944 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1885 BALTIMORE MD

C

## CERTIFICATE OF DEATH

*Date of Death,* Aug 14 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemuel Marks

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Engineer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* 84 yrs

*Place of Death,* {Give Street and Number.} 32 Frances ave

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick City

*Date of Burial,* Aug 17th 1885

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St *Address,* 101 Hanover

J. W. Nebinger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3842 Lancet [OVER.]

# Board of Health, City of Baltimore.

HEALTH DEPARTMENT AUG 16 1885 BALTIMORE, MD.

Permit No. 85923 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 4.30 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Trusky

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* — *Months,* — *Days,*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Russia.

*Duration of Residence in the City of Baltimore,* 9 months.

*Place of Death,* {Give street and Number.} 16 South Front St.

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), Apnoea

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Trappe Road Heb. Cemy.

*Date of Burial,* Aug 16th 1885

*Undertaker* Chas. H. Evans & Co.

*Place of Business,* Gay & Fallen St.

J. B. Saunders M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8594 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie M. Harvey

*Sex, Male or Female,* {Cross out the word not required in this line.}

HEALTH DEPARTMENT BALTIMORE MD. AUG 16 1885

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 112 S. Pine

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Spasms

*Duration of Last Sickness,* Four (4) Hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olive

*Date of Burial,* August 16th 1885.

*Undertaker,* Julius Koehler

*Place of Business,* Sharpe Street, *Address,* 387 W. Fayette

H. L. Phelps M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85925 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 14 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Clement

HEALTH DEPARTMENT, AUG 16 1885 BALTIMORE MD.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* ..... *Months.* ..... *Days*

*Color,* C

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick Co

*Duration of Residence in the City of Baltimore,* 35 yrs

*Place of Death,* {Give Street and Number.} 269 Baddle St

*Cause of Death,* First (Primary), .....

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 2 or 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 17th 85

*Undertaker,* Daniel R Chase

*Place of Business,* 195 E Pratt St

C Pattison M. D.
Medical Attendant.

*Address,* 23 Fountain

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 85426 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 17 1886

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 15th 1886

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Robinson

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 20 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* { Give street and Number. } Md. State Penitentiary

*Cause of Death,* First, (Primary,) Enlarged Spleen

Second, (Immediate,)

*Duration of Last Sickness,* 1 Year

All the above Information should be furnished by the Physician.

*Place of Burial,* Cambridge Md.

*Date of Burial* August 17th 1886

*Undertaker,* Hercules Bon

*Place of Business,* 95 Cor

# Health Department, City of Baltimore.

Permit No. 85947 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Purdew

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* 8 *Months.* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 400 Harford Ave

*Cause of Death,* First (Primary), Dyspepsia

Second (Immediate), Old Age

*Duration of Last Sickness,* Confined to bed 10 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 18/85

*Undertaker,* Chas T. Scrivin

*Place of Business,* 271 N. Eutaw *Address,* 262 Mead Ave

Elias C. Price & Son M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85928 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel S. Elliot

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Brick Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 307 Dillwin St

*Cause of Death,* First (Primary), Inflammation of Bowels

Second (Immediate),

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* August 19

*Undertaker,* Ainsley & Denny

*Place of Business,* Light street

O. A. Evans M. D.
Medical Attendant.

*Address,* 118 Fort Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85729 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1885 BALTIMORE MD

*Date of Death,* Aug 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of M & G Coon

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 0 Hours ~~*Days*~~

*Color,* White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~; {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 51 S. Parrish St

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Debility Life

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemt

*Date of Burial,* Aug 17th 1885

*Undertaker,* J B Cook

*Place of Business,* 707 W. Balto St

James A. Stewart M.D.

~~Regular Attendant~~

Address, Com. of Health Virginia

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

M C Roberts Sanit Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85730 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.

*Date of Death,* Aug 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Berry

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 60 *Years,* *Months,* *Days*

*Color,* black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* house-keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md.

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 141 N Caroline St

*Cause of Death,* First (Primary), Consumption & Heart Disease

Second (Immediate), Heart Disease

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Lowell Cemetery

*Date of Burial,* Aug 16 1885

*Undertaker,* William Koenig

*Place of Business,* 62 East St

M. B Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore

Permit No. 85931 *Office of Registrar of Vital Statistics.* Ward 9,

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* About Aug. 14 - -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE MD.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* About one *Days*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} Found Dead in Street

*Cause of Death,* First (Primary), Evidently Exhaustion Produced by Prolonged Labor.

Second (Immediate),

*Duration of Last Sickness,* Don't know.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto County

*Date of Burial,* Aug 17/85

*Undertaker,* Geo. Ritchie

*Place of Business,* Forest Pl

Alex. Hill M. D.
Medical Attendant.

Address Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85932 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

AUG 17 1885

*Date of Death,* Aug 16 85 830 AM

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Weber

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 57 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Cellulo Cutaneous Erysipelas

Second (Immediate), Blood poisoning & Exhaustion

*Duration of Last Sickness,* 4 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* August 18th

*Undertaker,* Wm. J. Tickner

*Place of Business,* 65 S. Eutaw

J C Brissler M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Removed from Hospital to 41 St Peter st

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85933 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1885 BALTIMORE MD

## CERTIFICATE OF DEATH

*Date of Death,* Aug 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Holton Phillips

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} 43 Roberts St.

*Cause of Death,* First (Primary), Pertussis.

Second (Immediate), Gastro Enteritis

*Duration of Last Sickness,* 3 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Aug 18

*Undertaker,* [illegible]

*Place of Business,*

J. Rickert M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85734 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1885 BALTIMORE MD

## CERTIFICATE OF DEATH

*Date of Death,* 16 August 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Reed (Margaretha Reed parents)

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* ~~~ *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} W Baltimore St 432

*Cause of Death,* First (Primary), Was carried to full term

Second (Immediate), The reason why unknown

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 17/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto *Address,* 211 N Howard St

S. E. Reinhard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85935 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Logan Carson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* One *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 24 Carroll Ave

*Cause of Death,* First (Primary), ———

Second (Immediate), Marasmus

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 17th 1885

*Undertaker,* Wm J Master

*Place of Business,* 1151 Hanover

Jno A Blake M. D.
Medical Attendant.

*Address,* 158 N Gay

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85936 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE

*Date of Death,* Aug 16. '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mullineaux

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* B & O. R. R. Employe

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

*Duration of Residence in the City of Baltimore,* About three years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Fracture of skull & of tibia (Struck by train)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About four hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Carroll Co

*Date of Burial,* Aug 19 1885

*Undertaker,* John S. Mackin

*Place of Business,* No 150 Lombard

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3844 Transit

# Health Department, City of Baltimore.

Permit No. 85937 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

AUG 17 1893

*Date of Death,* Aug. 15, 1893

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Wagner

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} No. 6 North ave

*Cause of Death,* First (Primary), Found dead in bed from

Second (Immediate), gas suffocation

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Hill Park

*Date of Burial,* Aug 17th 1893

*Undertaker,* W. R. Hyde

*Place of Business,* 48 Penn avenue

Wm A. Jones M. D.

Coroner ~~Medical Attendant,~~

*Address,* 326 Hollins st City

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85938 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund Keyser

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 11 *Months.* 4 *Days* 4

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Rutland Md.

*Duration of Residence in the City of Baltimore.* Since birth

*Place of Death,* {Give Street and Number.} 60 Carey St

*Cause of Death,* First (Primary), Intestinal Inflammation

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Michael Cemetary

*Date of Burial,* August 18th 1885

*Undertaker,* Leonhard Kurz

*Place of Business,* No 277 S. Bond Street *Address,* 33 E Lee St

E J Adams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85939 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1885 BALTIMORE

*Date of Death,* Aug 16 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Braun

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk to British Consulate

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 756 Courtland St

*Cause of Death,* First (Primary), Pulmonary Consumption —

Second (Immediate), & Congestion

*Duration of Last Sickness,* Months

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* Aug 18th 1885

*Undertaker,* A Reid

*Place of Business,* 28 Penn avenue

H. C. McSherry M. D.
per R. McS Medical Attendant.

*Address,* 189 N Howard St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85940 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Toney (Infant)

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* / *Days*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 23 S Bethel St

*Cause of Death,* First (Primary), Fever

Second (Immediate), Premature Birth

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 17th 1885

*Undertaker,* Wm E McGuigan

*Place of Business,* 62 East Pratt Address, Office of Health Register

James A. Stewart M.D.
Medical Attendant

Robert J. Doggett
Inspector

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85941 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a fast illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Francis Talbot Harris

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 1 1/2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 283 E Fayette

*Cause of Death,* First (Primary), Acetonaemia Pulmonum

Second (Immediate), .....

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 19th

*Undertaker,* Geo H Kellinger

*Place of Business,* 24 and Eutaw *Address,* 299 E Baltimore St

James E Trimble M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85942 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen M. Depfrush

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 371 Washington St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Vincence

*Date of Burial,* August 18 1885

*Undertaker,* John Lake

*Place of Business,* 201 East Baltimore

E. B. Fenby M. D.
Medical Attendant.

*Address,* 283 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 85943

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Bersch

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 70 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Farmer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and number.} 68 Division St

*Cause of Death,* First, (Primary.) Senile decay

Second, (Immediate.) .....

*Duration of Last Sickness,* About 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Aug 18 1885 Mahlon Preston M.D.,

Medical Attendant.

*Undertaker,* J. E. Douglass & Co

*Place of Business,* 198 Eastern Ave *Address,* 68 McCulloh St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 85944 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Cromwell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *~~Months,~~* *~~Days~~*

*Color,* Mulatto

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Washing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Easton Talbot co Md

*Duration of Residence in the City of Baltimore,* 47 years

*Place of Death,* {Give Street and Number.} 34 Little Monument

*Cause of Death,* First (Primary), old age

Second (Immediate), Asthma

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Aug 18th 1885

*Undertaker,* Chas W Chase

*Place of Business,* 178 S. Howard St *Address,* 1114 Park Ave

T. E. Shatzard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 89455 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel E. Clampitt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 7 *Months,* 4 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Child

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 17 Myrtle Ave

*Cause of Death,* First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions 4 Hrs

*Duration of Last Sickness,* 19 Days very sick

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 19th 1885

*Undertaker,* Matthew Eadie

*Place of Business,* 227 Madison Ave

H. K. Fetterhoff M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 88946 *Office of Registrar of Vital Statistics.* Ward 13 2/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George B Foxwell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* 2 *Months,* 26 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} 326 W Lombard St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 19th 1885

*Undertaker,* Armstrong Bro

*Place of Business,* 203 Light St

Ferdinand Coffin M. D.
Medical Attendant.

*Address,* 46 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85947 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE MD

*Date of Death,* Aug 16 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Otto Hulin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Each his Life

*Place of Death,* {Give Street and Number.} 22 Lee St

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis Cerebral

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* August 18

*Undertaker,* B Hall

*Place of Business,* 82 West St

Geo Corner M. D.
Medical Attendant.

*Address,* 46 Monroe St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85948 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

*Date of Death,* Aug 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Müller

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 26 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 136. West St.

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Pulmonal.

*Duration of Last Sickness,* about 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* August 20 1

*Undertaker,* B. Hayes

*Place of Business,* 52 West St

Thos Smith M. D.
Medical Attendant.

*Address,* 210 E. Charles St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85949 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nutter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 8 *Months,* ..... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Walker's Court near 4

*Cause of Death,* First (Primary), .....

Second (Immediate), Colon Infantum.

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 18 1885

*Undertaker,* Wm W Madden

*Place of Business,* 76 East St

D. A. Groh. M. D.
Medical Attendant.

*Address,* 137 Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85950 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Austin Titchwell Aug. 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Austin Titchwell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months.* *Days*

*Color,* Colored

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Co

*Duration of Residence in the City of Baltimore,* Sixty years

*Place of Death,* {Give Street and Number.} 16 E. Dutton st.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), & Laryngeal

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 18-1885

*Undertaker,* W W Maddux

*Place of Business,* 76 East St

G. G. Rinck M. D.
Medical Attendant.

*Address,* Balt. & Brk. Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85951 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Smith

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

*Age,* 10 *Years,* 6 *Months,* *Days*

*Color,* Black.

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U. S. Colum.

*Duration of Residence in the City of Baltimore,* five years.

*Place of Death,* {Give Street and Number.} 5 Block Oholin St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw's Cem

*Date of Burial,* Aug 19th 1885

*Undertaker,* W H Dunque

*Place of Business,* East St

James A Steuart M. D.

~~Medical Attendant~~ Comm'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E. Dunding = Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85952 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTER DEPARTMENT AUG 18 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug-17-85- 11 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Baker

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Massachusetts

*Duration of Residence in the City of Baltimore,* 2 mos

*Place of Death,* {Give Street and Number.} #66 E Pratt St

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cemetery

*Date of Burial,* Aug 18 1885

*Undertaker,* J. A. P. Byrne

*Place of Business,* 13 S. Front *Address,* City Hospital

E. Van Hook M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 85953 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or after he is requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 16 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. A. Schwab

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give Street and Number.} 280 Montgomery St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Co Tony

*Date of Burial,* August 18 85

*Undertaker,* Ernest Gilbert

*Place of Business,* 187 Shipley *Address,* 177 Sharp St

W. S. Rouse M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

14

Permit No. 85954 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 17 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridgett Daugherty

*Sex, ~~Male~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* 4 2 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 92 S. Carrollton ave

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 18th

*Undertaker,* John J Brown

*Place of Business,* 69 Pulliam St *Address,* 326 Holliday

Wm A Jones M. D.

Coroner Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85933 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE MD

*Date of Death,* Aug. 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Morrison Liddard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 0 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City "

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 756 E Baker St.

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 2 months "

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 19 1885

*Undertaker,* John A Bruner

*Place of Business,* 608 Darcy St *Address,*

J L Rickert M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85956 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 18 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Inlant not named, give names of parents.} Mary Virginia Harris

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* Col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 22 Eutaw Court

*Cause of Death,* First (Primary), Bright's Disease.

Second (Immediate), Uraemic convulsions

*Duration of Last Sickness,* Several months, but died day following first convulsions

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pub. Cemy

*Date of Burial,* Aug 18/85

*Undertaker,* F. A. Kirchner

*Place of Business,* Arlington *Address,* 75 Franklin St.

Jno. S. Lay M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 85957 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD

*Date of Death,* August 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret R House.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days,* 0

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death.* {Give street and Number.} 72 Enston

*Cause of Death,* First (Primary), Phthysis Pulmonalis

Second (Immediate). Exhaustion

*Duration of Last Sickness,* About 18 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 17. 1885.

*Undertaker* H. H. Hickman

*Place of Business,* 234 E. Gay

Thos. S. Latimer M. D.
Medical Attendant.

*Address,* 371 Eutaw Place

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85958 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albrecht Maretzke

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 198 S. Broadway

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* N. Olyphants Cemetery

*Date of Burial,* August 19 85

*Undertaker,* L. Ward, Jr. & Co

*Place of Business,* 216 S. Conn Ave *Address,* 443 Aliceanna St.

John H. Rehburg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 85959 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH

*Date of Death,* August 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur A. Meade

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, Ten Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Fulton Ave 351

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Inanition

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug. 19th 1885

*Undertaker* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 479 N. Howard St

D. G. Dyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 85960 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 17,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Creagh

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 10 *Years,* 9 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} District of Columbia

*Duration of Residence in the City of Baltimore,* All 10 Years

*Place of Death,* {Give Street and Number.} Cy. Pitcher ~~Mynotte~~ on Argyle Av

*Cause of Death,* First (Primary), Tuberculous Meningitis

Second (Immediate),

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Aug 19/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 193 Pennsylvania Av

G. Winters M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 85761 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug: 18, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Bauman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 8 *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 4 years,

*Place of Death,* {Give Street and Number.} 18 Dover st.

*Cause of Death,* First (Primary), " Phthisis Pulmonalis "

Second (Immediate),

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* Aug 20/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 Balto. St. *Address,* 58 x Fayette st.

J. S. Littleton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85962 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Goines

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* Col'd

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* 7 yrs.

*Place of Death,* {Give Street and Number.} 14 W. Baltimore St.

*Cause of Death,* First (Primary),

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Aug 19. 1885

*Undertaker,* Henry Williams

*Place of Business,* [illegible] *Address,* 75 E. Baltimore St.

S. N. Hanck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85763 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Seitz

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 2 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 71 Rowstreet

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Aug 19th 85

*Undertaker,* C. O'Brien

*Place of Business,* Bank & Wolfe Sts *Address,* 2d & Monument

J. Slattin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85764 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD

*Date of Death,* August 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Brown

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 2 *Months,* 13 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 134 E. Wolfe, St.

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug 20th 85

*Undertaker,* G. Franci

*Place of Business,* Bank & Wolfe Sts Address, 207 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 85765 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 BALTIMORE, MD.

# CERTIFICATE OF DEATH. a

*Date of Death,* Aug 18 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophie Putzel

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 54 *Years,* 7 *Months,* — *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 37 years

*Place of Death.* { Give street and Number. } 24 N. Ontario St.

*Cause of Death,* First (Primary). Liver disease

Second (Immediate). Jaundice & dropsy

*Duration of Last Sickness,* 6 months

the above information should be furnished by the Physician.

*Place of Burial,* Jews Cemetery Belair Road

*Date of Burial,* August 20th

*Undertaker* John S. Maclay

*Place of Business,* 150 Lombard *Address,*

L. Schuck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85966 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE AUG 19 1885

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Anderson

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 70 *Years,* *Months,* *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S.

*Occupation,* Teacher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 189 Hanover St.

*Cause of Death,* First (Primary), Accident.

Second (Immediate), General Debility

*Duration of Last Sickness,* 2 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Glendy Cem

*Date of Burial,* Aug 19th 1885

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Front *Address,* 186 Light

H. J. Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85967 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPT. AUG 19 1885 BALTIMORE MD.

*Date of Death,* August 17th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Philip Smith.

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* Fifty two 52 *Years,* ... *Months.* ... *Days*

*Color,* White.

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Wholesale Druggist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bavaria Europe.

*Duration of Residence in the City of Baltimore,* about 45 years.

*Place of Death,* {Give Street and Number.} No 78. W. Fayette St.

*Cause of Death,* First (Primary), Cerebral Harmorrhage.

Second (Immediate), Cerebral Apoplexy.

*Duration of Last Sickness,* about 12 Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Bran

*Date of Burial,* Aug 20th 1885

*Undertaker,* Kelly Ensor & Sons

*Place of Business,* Park & Saratoga

M. C. Van Bibber M. D.
Medical Attendant.

*Address,* 4 E. Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85968 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1905 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18 1905 12 M

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed Cosgrove

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Saloon

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} [redacted] Ireland

*Duration of Residence in the City of Baltimore,* [redacted] 35 years

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Cancer Stomach & Liver

Second (Immediate), Exhaustion from Diarrhea

*Duration of Last Sickness,* 9 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross cem

*Date of Burial,* Aug 20 1905

*Undertaker,* Martin Fahey

*Place of Business,* 128 Townsend *Address,* City Hospital

S Hurst M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85969 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony O'Donnell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 1 Year

*Place of Death,* {Give Street and Number.} No 19 S Wolfe St

*Cause of Death,* {First (Primary), Cystitis Purulent

Second (Immediate),

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem

*Date of Burial,* Aug. 19/85

*Undertaker,* H.C. Kaiser

*Place of Business,* 71 S Bdwy

Geo. Wm. Gross M. D.
Medical Attendant.

*Address,* 31 E Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85970 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE MD.

*Date of Death,* August 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Murray

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 556 Franklin St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* About 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 21 1885

*Undertaker,* Deihy & Mitchell

*Place of Business,* 530 W Fayette

H Friend M. D.
Medical Attendant.

*Address,* 2 Cathedral St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 8397 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 19 1885

*Date of Death,* Aug 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Shipley

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* White

*~~Married, Single, Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give street and Number.} 763 Saratoga St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 20/85

*Undertaker,* Dowdy & Middleton

*Place of Business,* [illegible]

D. W. Wright M. D.,
Medical Attendant.

*Address,* 221 N. Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 1972

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85972 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 18th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David A Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 19 *Years,* 8 *Months,* 8 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} S

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 642 Lexington St.

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), " "

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Catholic Cemetery

*Date of Burial,* Aug 20/85

*Undertaker,* Lewis Nicholas

*Place of Business,* 551 N Fayette

Thos Opie M. D.
Medical Attendant.

*Address,* 1791 N. Howard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ers below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85973 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 19 1885

## CERTIFICATE OF DEATH

*Date of Death,* aug 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette S Whelan

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* ..... *Months,* ..... *Days*

*Color,* W

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 114 W Lanvale

*Cause of Death,* First (Primary), .....

Second (Immediate), Organic Dis. Heart

*Duration of Last Sickness,* 2 or 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 20th 1885

*Undertaker,* .....

*Place of Business,* .....

Hallam M. D.
Medical Attendant.

*Address,* 23 E Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8597 *Office of Registrar of Vital Statistics.* Ward 9 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH. 74

*Date of Death,* Aug 18th 85 - 3 A M

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Draccliano

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 27 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Saloon

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Intussusception of Bowels

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pet. Cemetery

*Date of Burial,* Aug 19 1885

*Undertaker,* Geo. Ruebsam

*Place of Business,* Forrest Place

E Van Ness M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Below, and of List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85975 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. AUG 19 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Schwab

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* ~ *Months,* ~ *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} No 164 E Fayette

*Cause of Death,* First (Primary), 2 Severe Carbuncles over the Spine

Second (Immediate), and Erysipelas of the Head

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 19th 1885

*Undertaker,* Ch Rossing

*Place of Business,* 196 E Balt. st

~~Physician~~

R Ridgway Snider M. D.
Medical Attendant.

*Address,* 121 E. Balto. st.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 85976 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE, MD.

*Date of Death,* August 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses Evans

*~~Sex~~, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Salesman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany Four Weeks

*Duration of Residence in the City of Baltimore,* Four Weeks

*Place of Death,* {Give street and Number.} Hebrew Hospital

*Cause of Death,* First, (Primary,) Typhoid fever

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial* Druppe Road Holzmuda

*Date of Burial,* Augst 18th 1885

*Undertaker,* Chas. H. Evans & Co

*Place of Business,* Cor. Fayette & Calvert Sts. *Address,* 68 N. Calvert Sts

A Friedenwald M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85977 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPT. AUG 19 1885

*Date of Death,* Aug 18/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliana Schweinhart

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years* One *Months,* 26 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 619 Barre St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 19th 1885

*Undertaker,* Julius F. Koehler

*Place of Business,* Sharpe Cross *Address,* 158 Fremont

Jno. S. Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85978 *Office of Registrar of Vital Statistics.* Ward 15/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE, MD.

(name) ~~Date of Death~~, Julia Katie Meekins

~~Full Name of Deceased~~, {Write legibly and spell correctly. If an infant not named, give names of parents.} date- Aug 18 85

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 Years, 6 Months, Days,

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, — — —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balte

Duration of Residence in the City of Baltimore, 1 yr 6 m —

Place of Death, {Give street and Number.} 170 Hamburg St

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,)

Duration of Last Sickness, several wks -

All the above Information should be furnished by the Physician.

Place of Burial, St Stephanies Cem

Date of Burial, Aug 20th 1885

{ Undertaker, Julius Koehler

{ Place of Business, Sharp & Cross Sts Address, 226 Montgomery

Geo. H. Strauss M. D., Medical Attendant,

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 83979

## Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

5979

*Date of Death,* Aug 19 — 88.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jr Shw Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* *Days*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City 1 — 2

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} E E Goodmans alley

*Cause of Death,* First (Primary), Peritonitis

Second (Immediate), Apnoea

*Duration of Last Sickness,* 6 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 19 1888

*Undertaker,* Hercules Ross

*Place of Business,* 95 Lon West Address, 313 E Lee St

R H L Ellis M. D.
Medical Attendant.

HEALTH DEPARTMENT AUG 19 1888 BALTIMORE, MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 85980 *Office of Registrar of Vital Statistics.* Ward 7 & 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE MD.

*Date of Death,* August 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Randell B. Jackson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 19 *Months,* ..... *Days*

*Color,* Colored,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 154 N. Spring

*Cause of Death,* First (Primary),

Second (Immediate), Consumption.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 12th 1885

*Undertaker,* J Locke

*Place of Business,* 473 Fallsway

J. J. Scott M. D.
Medical Attendant.

*Address,* 127 Orleans St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85981 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH

*Date of Death,* Aug 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jackson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 4 *Months,* ... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 64 N. Gunton st

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Convulsions

*Duration of Last Sickness,* 22 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lamel Cemetery

*Date of Burial,* Aug 19th 1885

*Undertaker,* J J Leith

*Place of Business,* #13 Jefferson st

J H Knox M. D.
Medical Attendant.

*Address,* 139 N. Gay st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83984 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mildred Southworth

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 4 8 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* about one month

*Place of Death,* {Give Street and Number.} 257 N. Mount

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), .....

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Fredericksburg Va

*Date of Burial,* Aug 20/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 330 W Fayette *Address,* .....

J. G. Loutheran M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3846 Transit

No. 25913

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85983 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Stines (Stines)

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 85 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 218 Gough St

*Cause of Death,* First (Primary), 218 Gough St

Second (Immediate), Old age

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* Aug. 20. 1885

*Undertaker,* M. A. Daigh

*Place of Business,* 74 S. Bdwy. *Address,* 210 S Bdwy

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his of her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 83984

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 83984. *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 18. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie W. Jamey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give Street and Number.} 110. E. Fountain st

*Cause of Death,* First (Primary), Scarlatina

Second (Immediate), Tubercular Kidneys

*Duration of Last Sickness,* Eight Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Hill Cem. Philadelphia Pa

*Date of Burial,* August 20th 1885

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Bway

James C. Smith M. D.
Medical Attendant.

*Address,* 299 E. Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3847 Hanover

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86985 *Office of Registrar of Vital Statistics.* Ward 1"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Kiel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 13 Edward St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudy Cemetery

*Date of Burial,* 20 August 1885

*Undertaker,* John C. Street

*Place of Business,* 265 Aliceanna

E. Williams M. D.
Medical Attendant.

*Address,* 53 E Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 5916

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85986 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* aug. 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kurtz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* white.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nil

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 204 Chestnut st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), asthenia

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* Augt 21st 1885

*Undertaker,* B. Steele

*Place of Business,* ~~West St~~ *Address,* 148 N. Eutaw st

D. Stutt *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85787

*Office of Registrar of Vital Statistics.*

Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as above filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, and is requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E Clemm B

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 78 *Years,* 10 *Months,* 8 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} M.

*Occupation,* Retired.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 265 E Biddle

*Cause of Death,* First (Primary), Old age

Second (Immediate), Gen'l Debility

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 21st

*Undertaker,* Cockshilling

*Place of Business,* Ashland Square

H. J. Knapp M. D.
Medical Attendant.

*Address,* 116 Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85988 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hussey

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~1~~ *Years,* Seven *Months.* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Seven months

*Place of Death,* {Give Street and Number.} 56 Essex St

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 20th 1885

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Caroline

Edwin P Turner M. D.
Medical Attendant.

*Address,* 205 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 85989 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 19 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Max. H. Pfeiffer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 5 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 5 m

*Place of Death,* {Give street and Number.} 299 Sharp St.

*Cause of Death,* First, (Primary,) Meningitis. —

Second, (Immediate,)

*Duration of Last Sickness,* 10 days. —

All the above information should be furnished by the Physician.

*Place of Burial,* ~~M. Evangelical~~ Mount Carmel

*Date of Burial,* Aug 20 '85

*Undertaker,* H. Lindenberger Son

*Place of Business,* 252 Eastern Av

Geo A Graves M. D., Medical Attendant.

Address, 226 Montgomery

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 85990

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85990 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lange

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} St Joseph's Hospital

*Cause of Death,* First (Primary), Cancer of Stomach and liver

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 months (3)

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto Cemetery

*Date of Burial,* Aug 20/85

*Undertaker,* Geo. Rinehart

*Place of Business,* Forrest Place *Address,* St Josephs Hosp

F. O. Claus M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85791 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG. 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 19. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Glas.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 54 *Years,* 4 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Stevedore

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Saxony, Germany.

*Duration of Residence in the City of Baltimore,* 18 yrs.

*Place of Death,* {Give Street and Number.} 270 S Dallas St.

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate), Paralysis.

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's Cem.

*Date of Burial,* Aug 20/85

*Undertaker,* M Funke

*Place of Business,*

A. V. Gosweiler M. D.
Medical Attendant.

*Address,* 46 S. Ann St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85792

## Office of Registrar of Vital Statistics.

Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* 19th August 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Philip Young Lilly

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} S. Wolfe Street 21

*Cause of Death,* First (Primary), } Cyanosis

Second (Immediate), }

*Duration of Last Sickness,* during lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Aug 19th.

*Undertaker,* John R. Bell

*Place of Business,* 21 S Wolfe St

Edward Hennel M. D.
Medical Attendant.

*Address,* S. Wolfe St. 117

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85993 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 19. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Buchta

*Sex, Male or Female,* {Cross out the word not required in this line.} 2

*Age,* ... *Years,* ... *Months.* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 495 E. Eager St.

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus City

*Date of Burial,* August 20. 185

*Undertaker,* F. Evade & Co

*Place of Business,* 247 W. Baltimore

J. H. Collenberg M. D.
Medical Attendant.

*Address,* 344 E. Balto. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85994 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amy D. Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co - Md

*Duration of Residence in the City of Baltimore,* 8th 5 mo -

*Place of Death,* {Give Street and Number.} 5 Seldner St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Morbus.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens Chapel

*Date of Burial,* Aug 20th 1885

*Undertaker,* Geo. W. Perkins

*Place of Business,* Ladenhall & Haney *Address,* 151 E. Pratt St

Chas. Bell M. D

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

85995

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85995 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward W. Corrigan

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 73 Years, 5 Months, Days

*Color,* White

*Married,* ~~Yes or No~~ {Cross out the words not required in this line.}

*Occupation,* Capt. River Boat

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

*Duration of Residence in the City of Baltimore,* 3 days

*Place of Death,* {Give Street and Number.} Foot of Bowleys Wharf

*Cause of Death,* First (Primary), Accidental drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Somerset Co Md

*Date of Burial,* Aug 21st 1885

Geo. A. Bell M. D.

Medical Attendant

*Undertaker,* Jno H McCoy

*Place of Business,* N 22d & Fayette

*Address,* 101 S Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3849 Tunnel

No. 3996

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85996 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Ferdinand Lauer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 4 *Months.* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 305 W Pratt St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 or 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug 21/85

L. E. Chaillé M. D.
Medical Attendant.

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S Eutaw *Address,* 36 S Eutaw St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 85997

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 85997 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug" 19" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3. *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 164 S Hanover St

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), .....

*Duration of Last Sickness,* One Week.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem

*Date of Burial,* Aug 20 1885

*Undertaker,* A Ross

*Place of Business,* Conway St

James A Lewis M. D.
Medical Attendant.

Comm'r of Health
Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunding - Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

No. 85

# Health Department, City of Baltimore.

Permit No. 85998

## Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately f*
to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner
requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

# CERTIFICATE OF DEATH.

HEALTH DEPAR
AUG 20 18
BALTIMORE

*Date of Death,* August 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P Tarkey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 57 *Years,* 8 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 9 N Eutaw St

*Cause of Death,* First (Primary), Bronchitis (Chronic)

Second (Immediate),

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 21st August

*Undertaker,* H. Hale

*Place of Business,* 82 West St *Address,* [illegible]

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85999 *Office of Registrar of Vital Statistics.* Ward 6 H 74

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Nick

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No. 73 N Durham St

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 21 1885

*Undertaker,* S H Chase

*Place of Business,* 92 Howard St

Jno L Russell M. D.
Medical Attendant.

*Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 46

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 86000 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* ~~Sister Mary Beda~~ Aug. 17th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Beda

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* 8 *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* teacher.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} Cor. Wolf & Lombard Sts.

*Cause of Death,* First (Primary), Rheumatic Gout

Second (Immediate), Marasmus

*Duration of Last Sickness,* One Years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug 21st 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts. *Address,* 95 Park Ave.

A. F. Erich M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

No. 8 0 2 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 86001 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara [illegible]

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} Marshall Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Heart – Hypertrophy

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 20th 1885

*Undertaker,* G. Lauenstein

*Place of Business,* 38 & 40 Pratt St

C. E. Bell M. D.
Medical Attendant.

*Address,* 161 E. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

No. 86002

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 86002 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E. Price.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 10 *Months,* 28 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* about 13 years.

*Place of Death,* {Give Street and Number.} 55 S. Carrollton Av.

*Cause of Death,* First (Primary), Amenorrhea due to Anaemia.

Second (Immediate), Phthisis Pulmonalis.

*Duration of Last Sickness,* about 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Augt 21st 1885

*Undertaker,* S. M. Leonard & Son

*Place of Business,* 782 W. Baltimore *Address,* 347 N. Broadway.

John M. White M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Physicians in City of Baltimore will make returns of all 8600.3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore, 14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 86003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lattie Shepherd - a

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 14 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Carroll Co., Md.

*Duration of Residence in the City of Baltimore,* 2 Months -

*Place of Death,* {Give street and number} 111 Harmony Lane -

*Cause of Death,* First, (Primary,) Consumption of the Lungs -

Second, (Immediate,)

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sykesville Cemetery

*Date of Burial,* August 21 1885

*Undertaker,* William A Zinger

*Place of Business,* 62 East St

J. J. King M. D.
Medical Attendant.

*Address,* 215 N. Carrell's ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3880 Harned - [OVER]

...re will make ret... of all 86004

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86004 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 19th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Country 54

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* — *Months.* — *Days* 1

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* House Work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 16 yrs.

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 mos.?

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted]

*Date of Burial,* August 20

*Undertaker,* D Stevens

*Place of Business,* 28 [redacted] Address, W. N.

R. T. Wayland M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 86005

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86005 *Office of Registrar of Vital Statistics.* Ward 8½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Coleman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 80 *Years,* — *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 37 Years.

*Place of Death,* {Give Street and Number.} 53 E. Eager St.

*Cause of Death,* First (Primary), Exhaustion incident to extreme old age.

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 21 st

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Shaw St & Forest Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 16006

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 16006 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Mann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 675 S Charles St

*Cause of Death,* First (Primary), .....

Second (Immediate), Infantile Cholera

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Baltimore~~ Rector Hollie C.

*Date of Burial,* August 20 Thos Cook M. D.

Medical Attendant.

*Undertaker,* B Hall

*Place of Business,* 82 W 41st *Address,* 1462 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 8600?

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8600? *Office of Vital Statistics.* Ward 4?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann McWilliams

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* ..... *Months,* ..... *Days*

*Color,* .....

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 44 N Eutaw

*Cause of Death,* First (Primary), .....

Second (Immediate), Strangulated hernia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Aug 20th 1885

*Undertaker,* Jas O'Byrne

*Place of Business,* 632 Cross

Edward P. McCready M. D.
Medical Attendant.

*Address,* 2 Hairgrove

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Office whence ... No. 86008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86008

*Office of Registrar of Vital Statistics.* 18 87

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, and shall report to the Coroner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 19

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Edward Reynolds

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 31 *Years.* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Bricklayer

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* { Give street and number. } 410 N. Henry

*Cause of Death,* First, (Primary.) Malarial Fever with Hemorrhage of

Second, (Immediate.) "Hemorrhagic Malarial Fever"

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Aug 21 st 1885

*Undertaker,* Jos B Cook

*Place of Business,* No 707 ½ Baltimore St

Jas H Kelly M.D.,
Medical Attendant.

*Address,* Cor Fayette & Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

86009

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

16 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wolff

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 9 *Months,* 12 *Days.*

*Color,* white *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number.} 335 Barre St

*Cause of Death,* First (Primary,) Typhoid fever

Second (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 21st 1885

I M Lane Tyson M. D.
Medical Attendant.

*Undertaker,* G. Leimbach

*Place of Business,* Pratt near Penn st *Address* 137 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

86016

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86016 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Troxell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, 1 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Children's Hospital Mal-Union Hos.

*Cause of Death,* First (Primary),

Second (Immediate),

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Londonderry

*Date of Burial,* Aug 21.

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,*

C. F. Brown M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

V No. 8601 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8601 1 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Dwyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 162 George St

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate), ~~Cholera infantum~~ Exhaustion

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 21

*Undertaker,* C H Blizzard

*Place of Business,* 207 Pine ave *Address,* 21 Courtland

G. A Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 86012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

**Permit No.** 86012 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG. 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1885

*Full Name of Deceased* (Write legibly and spell correctly. If an infant not named, give names of parents.) Lennie Kearton

*Sex, ~~Male~~ or Female,* (Cross out the word not required in this line.)

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* (Cross out the word not required in this line.)

*Occupation*

*Birthplace,* (State or country, and how long in the United States, if of foreign birth.) Balto city

*Duration of Residence in the City of Baltimore,* whole life

*Place of Death,* (Give street and Number.) #345 Argyle Ave.

*Cause of Death,* First (Primary). Phthisis Tuberculan

Second (Immediate). Failure Hearts action

*Duration of Last Sickness* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* August 22nd 1885

*Undertaker* Martin Fahey

*Place of Business,* 126 & 128 W. Townsend St. *Address,* Cor Argyle Ave & Townsend.

Arthur S. Huck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER]

No. 2013

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 86013 *Office of Registrar of Vital Statistics.* **Ward** 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Mullen

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 163 E. St. Paul St.

*Cause of Death,* First (Primary), Heart disease

Second (Immediate),

*Duration of Last Sickness,* Had been sick for several years

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's Cem

*Date of Burial,* Aug 22nd 85

*Undertaker,* [redacted]

*Place of Business,* Park & Sanitary

H. Howard M. D.
Medical Attendant.

*Address,* 2 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 86014

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86014 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Ellis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 11 Garrett Ave

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Inanition

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* Saturday Aug 22

*Undertaker,* B Hasle

*Place of Business,* 82 West Lee

Thomas Bell M. D.
Medical Attendant.

*Address,* 11 Garrett Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12

Permit No. 86015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 21 1885, BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 20. 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Mashew

*~~Sex, Male or~~ Female,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 2 *Months,* 7 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balt. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 147 Elling St

*Cause of Death,* First, (Primary,) Hydrocephalous

Second, (Immediate,) Paralysis of Pneumogastric N. Since Birth.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Pr. Cemetery

*Date of Burial,* August 21 1885

*Undertaker,* A. F. Hemsley

*Place of Business,* 116 Orchard St

Alfred Wanstall M.

Medical Attendant

*Address,* 228 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86016 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

*Date of Death,* August 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcie Vache

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 336 Holliday St.

*Cause of Death,* First (Primary),

Second (Immediate), Acute Meningitis

*Duration of Last Sickness,* 36 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 21. 1885

*Undertaker,* Denby & Mitchell

*Place of Business,* 550 W. Fayette

W. R. McKeown M. D.
Medical Attendant.

*Address,* 582 W. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 16017

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

**Permit No.** 86017 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* August 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Agnes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Eight *Months,* ..... *Days.*

*Color,* C

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bruce St.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death.* {Give street and Number.} 621 Bruce St

*Cause of Death.* First (Primary), Marasmus, Asthenia

Second (Immediate).

*Duration of Last Sickness.* About Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Harp St. cemetery

*Date of Burial,* Aug 21st 1885

*Undertaker* Wm. C. Bunger

*Place of Business,* 62 East St

A. C. Robey M. D.
Medical Attendant.

*Address,* 599 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 86018

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86018 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Glendora McCampbell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 28 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 455 E. Eager st

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* two years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 22 1885.

*Undertaker,* William Selby

*Place of Business,* Woodberry

Wm. B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Baltimore st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 8619

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8619 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Vansant

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 22 *Years,* *Months.* 29 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Cabinet Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 64 St Peter St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Bowels

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Aug 23" 1885

*Undertaker,* Wm J Pickrell

*Place of Business,* 665 Eutaw *Address,* 151 Hanover

J. C. Burch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

No. 86020

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86020 *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August the 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Strauss

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* ~~~~ *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 15 Warners East

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* at Holy Redeemer

*Date of Burial,* August 21st 1885

*Undertaker,* W Dippel

*Place of Business,* 3 Bond St

James Kleinschmidt M. D.
Medical Examiner

*Address,* Lumber 702

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

examined by E. Weinman

No. 16021

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 8602 / *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius Norris

*Sex,* Male ~~or Female.~~ {Cross out the word not required in this line.}

*Age,* ~ *Years,* ~ *Months,* 2 8 *Days,*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 57 St Paul St

*Cause of Death,* First (Primary).

Second (Immediate). Jaundice

*Duration of Last Sickness,* about 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Aug 21 "/85

Thos J. Ward M. D.
Medical Attendant.

*Undertaker* Geo. Rinehart

*Place of Business,* Forrest Place *Address,* 127 St Paul St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86022 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 20th August

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months.* 11 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 249 S. Eutaw St.

*Cause of Death,* First (Primary), Tubercular = Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* From birth, Last confinement 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* August 21 1885

*Undertaker,* Hercules Rossi

*Place of Business,* 75 Conn. Ave. / *Address,* 146 Hill St.

L. D. Dyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 86023

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86023 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry E Heartzler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 11 *Months.* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

*Duration of Residence in the City of Baltimore,* 2 years & 6 months

*Place of Death,* {Give Street and Number.} W 481 Eastern av.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Septicemia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Aug 21st 85

*Undertaker,* G. Frame

*Place of Business,* Bank & Wolfe Sts *Address,* 12 S Eden

L O Wiltberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 86024

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86024 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

*Date of Death,* Aug 20 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino F. Ray

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 825 Hanover St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Centre.

*Date of Burial,* 21 August

*Undertaker,* B. Hardt.

*Place of Business,* West 94 82

Theodore Lentz M. D.
Medical Attendant.

*Address,* 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 86025

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List ... Diseases on Back of this Certificate.**

# Health Department, City of Balti...ore.

Permit No. 86025 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Augt 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. F. Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* — *Days*

*Color,* C

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 92 Overrent Alley near Wyeth Ave

*Cause of Death,* First (Primary), Malnutrition

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 7 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Evergreen Cemetery

*Date of Burial,* August 21 1885

*Undertaker,* A Hennly

*Place of Business,* Orchard St *Address,* Conway B. & A

Edmund Allen M. D.
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Sanitary Inspector

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86026 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certific[illegible]

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann McCarter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 92 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} County Tyrone Ireland

*Duration of Residence in the City of Baltimore,* 53

*Place of Death,* {Give Street and Number.} 63 E. Madison St

*Cause of Death,* First (Primary),

Second (Immediate), Senile decay

*Duration of Last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* August 24 1885

*Undertaker,* J James & Byrne

*Place of Business,* No 63 N Front St

S. U. Hunter M. D.
Medical Attendant.

*Address,* 36 Greenmt Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86027 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Black

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 19 Months. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 13 Rock St.

*Cause of Death,* First (Primary), Measles

Second (Immediate), Pneumonia & Brain trouble

*Duration of Last Sickness,* Third 3/ Week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 22nd 1885

*Undertaker,* Geo. Leinbach

*Place of Business,* 534 W. Pratt St. *Address,* 34 Jn. Lanvale

L. Shuman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86028 *Office of Registrar of Vital Statistics.* Ward 6th 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Spencer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 4 *Months,* ..... *Days*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 14 Bale's Court

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 1 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry Cemetery

*Date of Burial,* Aug 21st 1885

*Undertaker,* Wm V Deringer

*Place of Business,* 62 East St

L Flynt M. D.
Medical Attendant.

*Address,* 13 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86029 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Dunfee

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 8 *Months,* ..... *Days*

*Color,* C.C.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 15 Union alley

*Cause of Death,* First (Primary), ~~Syphilis~~ Scrofula

Second (Immediate), ~~Syphilis~~ Scrofula

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Aug. 22nd 1885

*Undertaker,* Wm. Rheinhardt

*Place of Business,* 62 East st. *Address,* 137 Eden st.

D. Hagner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86030 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jacob Furhoff.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 55 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hannover, Prussia

*Duration of Residence in the City of Baltimore,* 30 yrs.

*Place of Death,* {Give Street and Number.} 190 S Bethel St.

*Cause of Death,* First (Primary), —

Second (Immediate), Typho Malaria Fever.

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* Aug 22

*Undertaker,* [illegible]

*Place of Business,* —

F. C. Gosweiler, M.D. ~~M. D.~~
Medical Attendant.

*Address,* 96 S Ann St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 8603 / *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* Aug. 21, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Percival Melleville

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* 5 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 271 Stricker St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate) Inanition

*Duration of Last Sickness,* Eight months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 22 1885

*Undertaker* Martin Fahey

*Place of Business,* 128 Saratoga *Address,* Lafayette & Calvert

J. E. Urquhart, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86034 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Fitz Patrick

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Brooklyn N. Y.

*Duration of Residence in the City of Baltimore,* During illness

*Place of Death,* {Give Street and Number.} 84 N. Fulton Av.

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), .....

*Duration of Last Sickness,* 25 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Aug 22/85 *M. D.*

*Undertaker,* Edwin H. Mitchell Medical Attendant.

*Place of Business,* 7 & 9 Hanover St *Address,* 119 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86033 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Henry Edwards

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* 9 *Days*

*Color,* Dark

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto: Md

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} ~~Whooping Cough~~ 1 Nonis alley

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St cemetery

*Date of Burial,* Aug 23d 1885

*Undertaker,* Wm H Runge

*Place of Business,* 62 East St

J. L. Smithson M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1605

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86034 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 21th. August 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Henriette Frantzmann

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* 3 *Months,* *Days*

*Color,* White.

*Married,* ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years.

*Place of Death,* {Give Street and Number.} Hamburg Street 112

*Cause of Death,* First (Primary), Morbus Brightii

Second (Immediate),

*Duration of Last Sickness,* 16 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* August 23

*Undertaker,* B. Hall

*Place of Business,* 82 West St.

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe & Hill.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

DAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86035 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD

*Date of Death,* August 20 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Gray

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Few days

*Place of Death,* {Give Street and Number.} On the Harbor of Md Oyster Navy

*Cause of Death,* First (Primary), Fall from the mast of Schooner Katie B Ogden

Second (Immediate), Drowning (Accidentally)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cem

*Date of Burial,* Aug 22 1885

*Undertaker,* Geo Rinehart

*Place of Business,* Forest Place Address, 18 Aisquith

M. D.

Medical Attendant

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0 60

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 16036 *Office of Registrar of Vital Statistics.* Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 20 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hughes

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} w

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 24

*Place of Death,* {Give Street and Number.} 63 W Biddle

*Cause of Death,* First (Primary), varicose veins of left leg.

Second (Immediate), Hemmorhage by bursting of varicose veins of left leg.

*Duration of Last Sickness,* 3 years: bled to death before I arrived at house, altho summoned immediately

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Aug 22d

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 8 6 0 3 7

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8 6 0 3 7 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT
AUG 22 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kramer

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Baltimore Hospital

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Aug 22 1885

*Undertaker,* Henry Foxe

*Place of Business,* 269 W. Pratt *Address,* Bt Baltimore

D R Dorsey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

## Office of Registrar of Vital Statistics.

Permit No. 86038 Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 20 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bosworth

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 36 *Years,* — *Months,* — *Days* 7

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Sergeant of Police

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 65 Gindell St

*Cause of Death,* First (Primary), Catarrhal Consumption

Second (Immediate), " "

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 23 1885

*Undertaker,* [redacted] Armstrong & Denny

*Place of Business,* 263 Light St

Thos Opie M. D.
Medical Attendant.

*Address,* 179 N. Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ce

# Health Department, City of Baltimore.

Permit No. 86039 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Erma G. Large

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* — *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 36 Franklin St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Meningitis

*Duration of Last Sickness,* 3 dys

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 22nd 85

*Undertaker,* Nelson Bros

*Place of Business,* Park Varnish

W. A. Young M. D.
Medical Attendant.

*Address,* 255 N. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 86040 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 21 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Harry Lucas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 58 Poultney St

*Cause of Death,* First (Primary), Chronic Atrophy

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* Month & month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 22 1885

*Undertaker,* Alex. Kennedy

*Place of Business,* 116 Orchard St *Address,* 19 Carlton St

J. E. Atkinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

# Health Department, City of Baltimore.

## Office of Registrar of Vital Statistics.

Ward 13"

Permit No. 86041

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate [illegible] deceased, or soon thereafter, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or soon thereafter, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

Date of Death, Aug 22" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~Years~~, ~~Months~~, 6 Days

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, ~~Single~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 92 Cider Alley

Cause of Death, First (Primary), Spasms

Second (Immediate), Six Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount St Peters

Date of Burial, Aug 22d 1885

James A Steuart M. D. Medical Attendant.

{Undertaker, A J Ross

Place of Business, Conway St Address, Carpenter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

W C Roberts Sanitary Inspector

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert[illegible]

# Health Department, City of Baltimore.

Permit No. 86042 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berhardina Buchmann

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* 2 *Months,* 11 *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 335 Aliceana st

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate), Prostration

*Duration of Last Sickness,* 38 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls cem

*Date of Burial,* Aug 23d 1885

*Undertaker,* H. Schubert Son — James E. Donnelly M. D. Medical Attendant.

*Place of Business,* 352 Caston Av *Address,* 299 E Balto St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer**

# Health Department, City of Baltimore.

Permit No. 86043 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 19/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Godfrey Lausche

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* ..... *Months,* ..... *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 14 yrs —

*Place of Death,* {Give Street and Number.} 299 N. Eden St —

*Cause of Death,* First (Primary), Burn

Second (Immediate), Inflammation of the bowels

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical

*Date of Burial,* Aug 22nd 1885

*Undertaker,* H. Hardee & Son

*Place of Business,* 252 Central Ave

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 52 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C[illegible]**

# Board of Health, City of Baltimore,

**Permit No.** 86044 *Office of Registrar of Vital Statistics.* **Ward** 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21 [illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William E Mills

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 64 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Soldier

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} 43 Pearl St

*Cause of Death,* First (Primary), Chronic Bronchial Catarrh

Second (Immediate), Dropsy, Dyspnoea

*Duration of Last Sickness,* 3 years.

the above info mation should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 23d 1885

*Undertaker* John S Mackey

*Place of Business,* No 150 Lanvale St *Address,*

A R Lucas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore.

Permit No. 86045

*Office of Registrar of Vital Statistics.* 18—

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
AUG 22 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie M. [illegible]

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* [illegible] *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 492 Cross

*Cause of Death,* First, (Primary.) Malaria

Second, (Immediate.) Apnoea

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* Aug. 24th, 85

*Undertaker,* J. B. Cook.

*Place of Business,* 707 W. Balto St.

R. Colwell M.D.,
Medical Attendant.

*Address,* 11 E. Eutaw Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86046 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Gimpell

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 59 *Years,* *Months.* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} No 236 S. Durham st

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathias Lutheran Cemetery

*Date of Burial,* Aug 23d

*Undertaker,* Geo Schilling

*Place of Business,* Balto City

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 92 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86047 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 20. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace D. Butler

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months.* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Sheffield, England.

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give Street and Number.} Frederick Ave; Mound St.

*Cause of Death,* First (Primary), " Phthisis Pulmonalis "

Second (Immediate),

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Lauden Park

*Date of Burial,* Aug 23d 1885

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square Address, 584 W. Fayette St.

J. G. Leuchtmann M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 86048 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Jerome Kun

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 108 S Eutaw St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Aug 23 - 3 Pm

*Undertaker,* Jas H Eaton & Sons

*Place of Business,* No 108 S Eutaw St Address, 76 S Paca St

J. H. Emmey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ...

# Health Department, City of Baltimore.

Permit No. 86049 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 21, 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucien Ann Bennett

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 9 *Months.* — *Days*

*Color,* White,

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 102 S. Fulton St.

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Augt 23d 1885

*Undertaker,* C. W. Leonard & Son

*Place of Business,* 782 W Baltimore

J. R. Wilson M. D.
Medical Attendant.

*Address,* 837 W. Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Board of Health, City of Baltimore.

Permit No. 86050 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Son of Albert Cidnet

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Fathers Name Albert Cidnet

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 136 Canton st. to Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 135 Canton st

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* Few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* August 22 85

*Undertaker* E Wade & Co

*Place of Business,* 115 S Gay St

E W Janney M. D.
Medical Attendant.

*Address,* 85 Canton st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 8605 / *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 22. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert L. Bauerband

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months.* 3 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 173 Penna Ave

*Cause of Death,* First (Primary), Membranous Croup.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mayer Cathedral

*Date of Burial,* August 24/85

*Undertaker,* C. W. Bingaman

*Place of Business,* No. 173 Penn Ave *Address,* Franklin & Greene

Geo. A. Fleming M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Ward 15

## Office of Registrar of Vital Statistics.

Permit No. 86052

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* Aug 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* *Years,* 11 *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 225 Bank st.

*Cause of Death,* First (Primary), Cerebral

Second (Immediate), Meningitis.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* 23 Aug 1885

*Undertaker,* M. Lelarter & Son

*Place of Business,* 92 N. Amer

John F. Hammond M.D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

# Health Department, City of Baltimore.

Permit No. 16053 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 76 Lancaster St

*Cause of Death,* First (Primary), .....

Second (Immediate), Spasms

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug 22nd 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* [illegible]

D. J. Gatch, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 86057 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Friday Aug 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Yeckter

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ 1 *Months,* 21 *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 400 Allisaun St

*Cause of Death,* First (Primary), Spasmus

Second (Immediate), do

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Athomaus Cem.

*Date of Burial,* Aug 23rd 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 28 O'Donnell St

J E Prichard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore

Permit No. 86053 — *Office of Registrar of Vital Statistics.* 109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Tu[illegible]

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Twenty four *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow ~~or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Saleslady

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 188 Lexington st

*Cause of Death,* First, (Primary.) Phthysis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Fifteen months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug 24th 85

*Undertaker,* A. Franz

*Place of Business,* Pearl & Wolfe Sts *Address,* 128 Cathedral

R. M. Bell *M.D.,*
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

Permit No. 86056 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, and if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* 20 Aug 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Stout

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 5 *Months,* *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 419 Lexington Ave

*Cause of Death,* First (Primary), Ammonia Poisoning Probably

Second (Immediate), Heart Disease

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 23d 1885

*Undertaker* F. Lewis Schaefer

*Place of Business,* 109 W Fremont St *Address,* 674 W Lexington St

J. Smith Hood M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 8607 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Folks

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Infant

*Place of Death,* {Give Street and Number.} 122 S Spring Ave

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* Five Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 23rd

*Undertaker,* John E Grace

*Place of Business,* S Carolina St 142

C H Parker M. D.
Medical Attendant.

*Address,* 10 E Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 86058 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Frank Woelfin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 11 Months, Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 11 mos

*Place of Death,* {Give street and Number.} 90 Townsend St (Townsend)

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial.* 23 August 1885

*Undertaker,* × John C. Pehuse

*Place of Business,* 165 Aliceanna

Geo. A. Strauss M. D.,
Medical Attendant.

Address, 226 Montgomery

× John C. Pehuse.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 8059

*Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 23 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Friedrich

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* ——— *Months,* 10 *Days*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} 89 Orleans St.

*Cause of Death,* First (Primary), Carcinoma of breast

Second (Immediate), Cachexia

*Duration of Last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* Aug 24th

*Undertaker,* George Schilling

*Place of Business,* Ashland & Lyon *Address,* 1708 Eastern Ave

Wm Gambrill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Use of Diseases on D...

# Health Department, City of Baltimore.

Permit No. 86060 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 23 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Stanley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* [redacted] *Months,* 17 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 8 McCulloh St

*Cause of Death,* First (Primary), Pertussis, &c.

Second (Immediate), [redacted]

*Duration of Last Sickness,* about four weeks.

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 23rd 1885

*Undertaker,* J. F. Locke

*Place of Business,* #93 Jefferson St *Address,* 2 N. Broadway

D. W. Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8661 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Ryan

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single*, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} 245 W. Fayette St

*Cause of Death,* First (Primary), Dysentary

Second (Immediate),

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick. Md

*Date of Burial,* Aug 24th 85

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry St *Address,* Catholic

H. Duffy, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transd— 3851

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 86062 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1885 BALTIMORE

*Date of Death,* August 20. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Imhoff

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} 55 N Wolf St.

*Cause of Death,* First (Primary), Old age

Second (Immediate), Paralysis

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Holgomens

*Date of Burial,* Aug 23,

*Undertaker,* W Divine

*Place of Business,* .....

J. H. Collenberg M. D.
Medical Attendant.

*Address,* 344 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86063 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 21 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Martin Hagen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5m *Years,* 4 *Months.* 20 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt- City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 712 46. Gough St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Septicaemia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 23

*Undertaker,* W Dysol

*Place of Business,* ——

L Chisholm M. D.
Medical Attendant.

*Address,* 12 S Edw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 86084 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Brose (Boose)

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* ..... *Months,* ..... *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} A. D. MD Md

*Duration of Residence in the City of Baltimore,* 18 months

*Place of Death,* {Give street and Number.} 1 Harrison St

*Cause of Death,* First, (Primary,) Bronchitis

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial.* Shark St

*Date of Burial.* Aug 23rd 1885

*Undertaker,* Alex Hendley

*Place of Business,* 116 Orchard St

J. A. Ellis M. D.,
Medical Attendant.

Address, 80 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 8805 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

63

HEALTH DEPARTMENT AUG 24 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Taylor

*Sex,* ~~*Male or Female*~~, {Cross out the word not required in this line.}

*Age,* 63 *Years,* — *Months,* — *Days*

*Color,* cd

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 10 Mason al

*Cause of Death,* First (Primary), Dysentery & Peritonitis

Second (Immediate), Six " "

*Duration of Last Sickness,* ~~Two~~ Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 24th 1885

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St. *Address,* 317 Hanover

P. P. Browne *M. D.*
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86066 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1888 BALTIMORE

*Date of Death,* August 21st 1888.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie A Seip

*Sex, ~~Male~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 9 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 496 W. Lombard St.

*Cause of Death,* First (Primary), Brain Fever

Second (Immediate),

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 24th 1888

G. Guttmann M. D.
Medical Attendant.

*Undertaker,* Eudy & Mitchell

*Place of Business,* 550 W Fayette St Address,

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 26067 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Mark

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 31 Johnston St

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Aug 24

*Undertaker,* Jos P Cook

*Place of Business,* 707 W Baltimore

W. Rue Chew M. D.
Medical Attendant.

*Address,* 582 N Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86068 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Meist

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 457 Mulberry st

*Cause of Death,* First (Primary), Endocarditis

Second (Immediate), General Dropsy

*Duration of Last Sickness,* 14 months

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park cemetery

*Date of Burial,* Aug 24th 1885

*Undertaker,* Geo B Cook

*Place of Business,* No 707 W Baltimore *Address,* 582 N. Fayette

F. R. McSherry M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86969 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

*Date of Death,* Aug. 22 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. T. Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* — *Days*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} 96 Lenox St.

*Cause of Death,* First (Primary), Typho Pneumonia,

Second (Immediate), Congestion of lungs

*Duration of Last Sickness,* 9 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* Aug 24/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto. *Address,* 837 N. Gilmor St

T. R. Wilson *M. D.*
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86070 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Mack

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 28 N. Gay St

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* one or two hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* August 24th 1885

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St *Address,* 121 N. Calvert

Geo. B. Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

Special Attention of Physicians is respectfully invited to the Schedule Below, and to Line 21 Duration on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 8607 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Eberhart~~ Munley C

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Eighty-four *Years,* 1 *Months,* — *Days,*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} Widower

*Occupation* Machine Founder

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 49 Years

*Place of Death,* {Give street and Number.} 296 Light St

*Cause of Death,* First (Primary), Etmoxis of Mitrals

Second (Immediate) Heart failure

*Duration of Last Sickness,* Confined to bed two days

the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* Aug 24th 1885

*Undertaker* A Rohde

*Place of Business,* 78 Emma avenue *Address,* 47 Conway St

D E L Barclay *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Health Department, City of Baltimore.

## Office of Registrar of Vital Statistics.

Ward 18"

Permit No. 8607

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE, MD. AUG 24 1885

# CERTIFICATE OF DEATH.

*Date of Death,* August 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jacob Hahn

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 60 *Years,* ... *Months.* ... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Coal + Wood Dealer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 936 N. Gay St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), about 1 month

*Duration of Last Sickness,* about 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug: 25 /85

*Undertaker,* Jno. P. Paulus

*Place of Business,* 66 Fred.k ave: *Address,* ...

J. L. Limbocum M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8673 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Jno. Otto

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 15 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 1106 N. Gilmor

*Cause of Death,* First (Primary), Cholera

Second (Immediate), Infantum

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Aug 24/1885. John Fillmore M. D.

*Undertaker,* Denny McGuire ; Medical Attendant.

*Place of Business,* 8 E. Centre St. *Address,* S.W. Calvert & Read

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 860 4/4 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death occurred, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. AUG 24 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Jane Watkins

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 6 *Years,* 5 *Months.* 29 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Wyeth Stn'r Columbia Ave

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Pyaemia

*Duration of Last Sickness,* Fourteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Aug 24/85

*Undertaker,* Wm J Ticknor

*Place of Business,* 65 S Eutaw

B F Phillips M. D.
Medical Attendant.

*Address,* 211 W Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 6075 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Russell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Maryland.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} N. Chester St near Oliver St

*Cause of Death,* First (Primary), Artificial Feeding.

Second (Immediate), Malnutrition ——

*Duration of Last Sickness,* Six weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore county

*Date of Burial,* Tuesday 25th

*Undertaker,* W H Curran

*Place of Business,*

J F Martenet M. D.
Medical Attendant.

*Address,* Belair Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86076 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Elsasser

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months,* —— *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 23 N. Pine St.

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 23 N. Pine St.

*Cause of Death,* First (Primary), Teething

Second (Immediate), Gastroenteritis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* August 24

*Undertaker,* Ehrens

*Place of Business,* 28 Hoyt *Address,* 186 W. Fayette

Coroner

W. H. Crim M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8607 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sat 22nd — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia E Lowe

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} No 3 S Vincent al

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Consumption of Lungs

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Aug 24/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto *Address,* 282 Hollins st

D E Nelson M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86078 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 24 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 226 N. Fayette St.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* About 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cy

*Date of Burial,* Aug 24 '85.

*Undertaker,* [illegible]

*Place of Business,* [illegible]

H Cullen M. D.
Medical Attendant.

*Address,* 2 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86079 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Dorney

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 25. *Years,* 6 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 565 Druid Hill Ave

*Cause of Death,* First (Primary), Ulceration of Bowels

Second (Immediate), Collapse

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cy.

*Date of Burial,* Aug 24/85

*Undertaker,*

*Place of Business,*

Chas E Sadler M. D.
Medical Attendant.

*Address,* Cor Druid Hill Ave & Biddle St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86080 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 23d, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schleicher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} # 265 S Bond St

*Cause of Death,* First (Primary), Internal Convulsions

Second (Immediate),

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetary

*Date of Burial,* August 25th 1885.

*Undertaker,* Leonhard Kurtz

*Place of Business,* # 277 S Bond St *Address,* # 243 Alice Anna St.

John H. Rebbeyn M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of ...

# Health Department, City of Baltimore.

Permit No. 86081 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Manokey

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* Black

*Married,* ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 22 yrs

*Place of Death,* {Give Street and Number.} 1 Redmans Ct.

*Cause of Death,* First (Primary), Senility

Second (Immediate), Apnea

*Duration of Last Sickness,* 1 2 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Baptist Cemetery

*Date of Burial,* August 25 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Eon Wayne Address, 313 Lig[illegible]

R. H. P. Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

## Office of Registrar of Vital Statistics.

Ward 9 7

Permit No. 86082

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certification.

HEALTH DEPARTMENT
AUG 24 1885
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

Aug. 22

*Date of Death,*

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Shapard 88

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, 7 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 19 h Ger 24

*Place of Death,* {Give Street and Number.}

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), 2 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* Aug 24 1885

*Undertaker,* Wm H. Hickman

*Place of Business,* 234 & 1/2 Gay St

Edward P. Madden M. D.
Medical Attendant.

*Address,* 37 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 86083 *Office of Registrar of Vital Statistics.* Ward 15-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1885 BALTIMORE, MD.

*Date of Death,* August 22 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gaff

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 165 York St.

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 25/88

*Undertaker,* Hercules Row

*Place of Business,* 95 Eastern Ave. *Address,* 210 Sharp St.

C. W. S. Boyce M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86084 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Mullen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* 3 *Months.* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* one yr 3 mos

*Place of Death,* {Give Street and Number.} 33 Chestnut st

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Osbourn Centre

*Date of Burial,* August 24 1885

*Undertaker,* Wm H Madden

*Place of Business,* 46 East St

J. F. Grouch M. D.
Medical Attendant.

*Address,* N.W. Cor Aisquith & Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86085 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the ...ntation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* ... the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean McNamara

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* — *Days*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} N. 30 Williams St

*Cause of Death,* First (Primary), Pulmonary Phthisis

Second (Immediate), Miliar Tuberculosis

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 24th 1885

*Undertaker,* Armstrong & Denny

*Place of Business,* 267 Light St

Henry Salzer M. D.
Medical Attendant.

*Address,* 169 N Charles St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86086. *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josef Keener

*Sex,* ~~*Male or Female*~~, {Cross out the word not required in this line.}

*Age,* 62 *Years,* — *Months,* — *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* cabinet maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} N. 135 Saratoga St

*Cause of Death,* First (Primary), abdominal cancer

Second (Immediate), the same

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Aug 25th 1885

*Undertaker,* L. Lewis Schaefer

*Place of Business,* 109 N Arwood *Address,* 169 N Charles St

Henry Saher M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 6087 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE, MD. AUG 24 1885

## CERTIFICATE OF DEATH

*Date of Death,* August 22 188

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia & Dennis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 176 Burgundy alley

*Cause of Death,* First (Primary), ~~Diphtheria~~

Second (Immediate), Diphtheria Diphtheria

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Cemetery

*Date of Burial,* Aug 24 1885

*Undertaker,* John F. Mackin

*Place of Business,* 150 Camden Howard Bayne M. D.

Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Letter Directions on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 86088. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 24 1895 BALTIMORE, MD.

*Date of Death,* Aug 22 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Seinah Green

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* about 80 *Years,* ..... *Months.* ..... *Days.*

*Color,* Colored

*Married,* ~~Single,~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

*Duration of Residence in the City of Baltimore,* about 50 Years

*Place of Death,* {Give street and Number.} 31 Vincent Street

*Cause of Death,* First (Primary), Old Age

Second (Immediate), General Exhaustion

*Duration of Last Sickness,* about 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 24 1895

*Undertaker* C H Chase

*Place of Business,* [illegible]

Thos R Quinan M. D.
Medical Attendant.

*Address,* 1362 N. Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

**Permit No.** 86089 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Warfield

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Sixty Six *Years,* ——— *Months,* ——— *Days.*

*Color,* Correct

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation* Sexton Shanklt, Methodist Church

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give street and Number.} 190 Hanover Sh

*Cause of Death,* First (Primary), Rheumatic Pericarditis

Second (Immediate), Heart failure

*Duration of Last Sickness,* Intermittent

the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Aug. 24 1885

*Undertaker* H. H. Keane

*Place of Business,* 8 S Howard St

W. L. H. Buckley M. D.
Medical Attendant.

*Address,* 47 Cumberland St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86090 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23d 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Fehl

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 15 *Years,* 1 *Months,* 19 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 87 Scott st

*Cause of Death,* First (Primary), Typho-Malaria

Second (Immediate), Prostration

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug. 25th 1885

*Undertaker,* Ph. J. Hill & Son

*Place of Business,* 183 Columbia st. *Address,* 166 S. Paca st.

C. L. Buddenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86091 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled Out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Novak

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 100 Thames St

*Cause of Death,* First (Primary), Teething

Second (Immediate), Diarrhoea

*Duration of Last Sickness,* 3 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Aug 24 1885

*Undertaker,* H Eckhardt

*Place of Business,* —

Geo A Lines M. D.
Medical Attendant

Address, 1 E Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it ~~further~~ enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86092 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG. 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 23/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 1 *Months,* ——— *Days*

*Color,* White -

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto - City -

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First (Primary), Cholera Infantum -

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug - 24/85 -

*Undertaker,* Robert Robinson -

*Place of Business,* Division & Monument

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harbman & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86093 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months.* — *Days*

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 60 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 24 1885

*Undertaker,* Robert Robinson

*Place of Business,* Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Hanover & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Ward 7

Permit No. 86094 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Grier

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 20 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* House

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 101 S Chester St

*Cause of Death,* First (Primary), .....

Second (Immediate), Peritonitis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns R C Cem

*Date of Burial,* Aug 25th 85

*Undertaker,* J. O Frazer

*Place of Business,* Bank & Wolff *Address,* .....

*M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86095 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Bowling

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 10 *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 108 S. Durham St.

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus.

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug 24th 85

*Undertaker,* G. F. France

*Place of Business,* Grant & Wolfe Sts *Address,* 207 S. Broadway

Nicholas L. Dalrymple, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8096 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 24th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Butz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 1 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single Widow Widower

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 255 William St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 25th

*Undertaker,* Daniel Flynn

*Place of Business,* 119 Hull St

C. C. Buckenbolen M. D.
Medical Attendant.

*Address,* 166 S. Eden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 86097 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* August 22. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Douglas

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* 3 *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 80 East Townsend Sts

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate),

*Duration of Last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,*

*Undertaker,*

*Place of Business,*

P H Reiche M. D.
Medical Attendant.

*Address,* Waverly Md.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

See following Certificate

# Health Department, City of Baltimore.

Permit No. 86097 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 24 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Douglas

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* Eight Years

*Place of Death,* {Give Street and Number.} 80 E. Townsend St

*Cause of Death,* { First (Primary), Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* Several week

All the above information should be furnished by the Physician.

*Place of Burial,* Washington Cem.

*Date of Burial,* August 25th 85

*Undertaker,* H. W. Jenkins Sons

*Place of Business,* Park & Saratoga *Address,* Courts

Jas. A. Steuart M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3853 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86098 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 24th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gracey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 33 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Dress Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 2334 Central Ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate), .....

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* 26 of Aug

*Undertaker,* H H Hickman

*Place of Business,* Gay St

Wm. B. Billingslea M. D.
Medical Attendant.

*Address,* 228 E. Pratt st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 86099 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

HEALTH DEPARTMENT
AUG 24 1885
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 23d 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Woman

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 73 *Years,* — *Months,* — *Days.* 1

*Color,* White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation* Domestic

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* All her life time

*Place of Death,* {Give street and Number.} Lunch House, Infirmary N. Broadway

*Cause of Death,* First (Primary), Marasmus Senilis

Second (Immediate), —

*Duration of Last Sickness,* —

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug. 24th 1885

*Undertaker* H. H. Daye

*Place of Business,* 74 S. Bow

E. D. Jarvis M. D.
Medical Attendant.

*Address,* Lunch House Infirmary

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86109 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 23 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly! If an Infant not named, give names of parents.} Eliza C. Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 6 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} No 28 Shuter St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 or 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager

*Date of Burial,* Aug 26 1885

*Undertaker,* William Lange

*Place of Business,* 62 East St

G. F. Taylor *M. D.*
Medical Attendant.

*Address,* 284 W. Balto

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

19

**Permit No.** 86101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
AUG 25 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Green —

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 6 *Months,* 3 *Days.*

*Color,* Col — *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~.* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore —

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 4 Stockton al.

*Cause of Death,* First (Primary,) Pneumonia —

Second (Immediate,) Phthisis Pulmonalis —

*Duration of Last Sickness,* 3 mos., 23 days — (as stated) under treatment from Aug. 3, 1885

All the above information should be furnished by the Physician.

*Place of Burial,* Shepherd Cemetery

*Date of Burial,* Aug. 25 1885

*Undertaker,* William Keyser

*Place of Business,* (2 East St.

E. A. Holbrook, M. D.
Medical Attendant.

*Address* 185 N. Carey st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Ward 19

Permit No. 86102 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 25 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22. 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George, Bond

*~~Sex~~, Male or ~~Female~~,* { Cross out the word not required in this line. } /

*Age,* / *Years,* 3, *Months.* *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,*

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give Street and Number. } St Vincent Al.

*Cause of Death,* { First (Primary), Meningitis
Second (Immediate), Convulsions
Hours }

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Aug. 25 1885

*Undertaker,* William Lusby

*Place of Business,* 62 East St

L. R. Wilson M. D.
Medical Attendant.

*Address,* 837 N. Paca St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86103 *Office of Registrar of Vital Statistics* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT AUG 25 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Brown

*Sex, Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 84 *Years,* *Months,* *Days*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 75 Years

*Place of Death,* {Give Street and Number.} 166 S Sprung St

*Cause of Death,* First (Primary), Valvular disease of Heart

Second (Immediate),

*Duration of Last Sickness,* three (3) Years

All the above information should be furnished by the Physician.

*Place of Burial,* Lemmel Cemetery

*Date of Burial,* Aug 25 1885

*Undertaker,* William Wenger

*Place of Business,* 61 East St

C Hall Potts M. D.
Official Attendant

*Address,* 119 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86104 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Hardy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* *Days*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} no 6 N. Bruce st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* West Pratt Cemetery

*Date of Burial,* Aug 24 '85

*Undertaker,* F. H. Kershner

*Place of Business,* 129 Arlington Ave *Address,* 326 Holliday st

Wm A Cornet M. D.
Coroner
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial; a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86105 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Garrett H Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 6 *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md Balto City

*Duration of Residence in the City of Baltimore,* 4 yrs

*Place of Death,* {Give Street and Number.} 70 E 12th Inc Elder

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial* Aug 26 85

*Undertaker,* Ash & Fry

*Place of Business,* 221 Baltimore *Address,*

R. Dorsey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86106 *Office of Registrar of Vital Statistics.* 7th

HEALTH DEPARTMENT AUG 25 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 23 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Lewis.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* 6 days-

*Place of Death,* {Give Street and Number.} St. Joseph's Hospital

*Cause of Death,* First (Primary), Abscess & Inflamed Bronchitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 14 days-

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub. Cemetery

*Date of Burial,* Aug 25th 1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Forrest Place *Address,* St. Joseph's Hospital

H. R. Clark M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8607 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Keck

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 8 Binney Al. Canton

*Cause of Death,* First (Primary), Scarlet fever

Second (Immediate), Anasarca from Acute Nephritis.

*Duration of Last Sickness,* Few Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 26th

*Undertaker,* W. Selph

*Place of Business,* 151 S Bond St

J. F. Martenet M. D.
Medical Attendant.

*Address,* Belair Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 86108 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT AUG 25 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnny Jos McMahon

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 5 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 60 Johnson Ct

*Cause of Death,* First (Primary), Cramp

Second (Immediate),

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Pl Hill

*Date of Burial,* August 25

*Undertaker,* B. Hall

*Place of Business,* 62 West St

Jno H Smith M. D.
Medical Attendant.

*Address,* 281 E Chase St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 86109 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} August Pieper

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* 11 *Months,* 11 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 501 W. Pratt St.

*Cause of Death,* First (Primary), ~~7 hours~~

Second (Immediate), Convulsions

*Duration of Last Sickness,* 7 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 26/85

H. W. Webner M. D.
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St *Address,* 298 W Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Health Department, City of Baltimore.

Permit No. 86110 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. AUG 25 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter White

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 6 *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 132 Scott St

*Cause of Death,* First (Primary), Malignant Ulcer

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Londen Park Cem

*Date of Burial,* Aug 26/85

*Undertaker,* J. B. Cook

*Place of Business,* 7 & 9 Balto St *Address,* 320 N. Lanvale

R. McColburn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 86111 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence M Martus

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* 6 *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} 210 S Pacca

*Cause of Death,* First (Primary), ———

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem.

*Date of Burial,* Aug 26/85

*Undertaker,* J. B. Bobb

*Place of Business,* 707 W 13 alley *Address,* 210 S Pacca

Geo D Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 8615 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mely Brown

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 14 *Days*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 122 S Dallas St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Potters Cemetery

*Date of Burial,* August 25-1885

*Undertaker,* Wm Mahon

*Place of Business,* 76 East Pr Address, Conn & B. & R

James H Clemens M. D.
~~Attending Physician.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

David Alcaett
Coroner

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86113 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22d 2 A. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Sonnenleiter

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 51 *Years,* *Months,* 27 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 173 S. Caroline

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 25 1885

*Undertaker,* H. Sander's Son

*Place of Business,* 352 Canton Av. *Address,* 299 E. Baltimore St.

James E. Donnelly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86114 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Ulbrich

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 45 Bradford st.

*Cause of Death,* First (Primary), Laryngitis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls cem

*Date of Burial,* Aug 25 1885

*Undertaker,* H. Hinden & Son

*Place of Business,* 252 Canton Address, Balt. & Bank. sts.

G. G. Luke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

# Health Department, City of Baltimore.

Permit No. 8615 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the [illegible] Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 24th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Kozanfski

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 1 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Child

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Since birth

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 34 Fill St.

*Cause of Death,* First (Primary), Internal Convulsions

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls cem

*Date of Burial,* Aug 25 1885

*Undertaker,* W. Handy & Son

*Place of Business,* 342 Canton

John H. Rehberger M. D. Medical Attendant.

*Address,* 243 Alice Anna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8616 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Ella Virginia Bowen

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Years, Nine Months, Three Days

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* In Washington 7½ Months Two weeks

*Place of Death,* {Give Street and Number.} 616 Druid Hill Ave

*Cause of Death,* First (Primary), Entero-Colitis

Second (Immediate), " "

*Duration of Last Sickness,* About three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 26/85

*Undertaker,* J J Chalmers

*Place of Business,* 40 Wilson St *Address,* 262 Mad Ave

Elias L Price M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 86117, *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the correctness of the following, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPERLY FILLED CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Holman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and Number.} 9. Eastern Ave

*Cause of Death,* First (Primary). Cancer of Stomach

Second (Immediate). Do do

*Duration of Last Sickness,* 9 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Aug 26th

J. H. Martin M. D.
Medical Attendant.

*Undertaker* Wm. Hen Says

*Place of Business,* 237 Aliceanna St *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 86118 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hauson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Butler

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} St Joseph's Hospital

*Cause of Death,* First (Primary), Exposure (3)

Second (Immediate), Paralysis (3)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 25 1885

*Undertaker,* Jas O'Byrne

*Place of Business,* 63 Lexington St *Address,* St Joseph's Hos.

Wm R. Clark M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86119 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Richardson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

*Duration of Residence in the City of Baltimore,* 8 ~~yrs~~ months

*Place of Death,* {Give Street and Number.} Canpbell ally

*Cause of Death,* First (Primary), Heat & Bad diet

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 25/85

*Undertaker,* Chas. T. Seaver

*Place of Business,* 2711 E. Balt

William Lee M. D.
Medical Attendant.

*Address,* 533 Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86120 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Beackel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* 10 *Months,* 18 *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 75 W. Central Ave.

*Cause of Death,* First (Primary), Debility

Second (Immediate), Old Age.

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bulle Cemetery

*Date of Burial,* August 27 1885

*Undertaker,* J. L. Reisinger

*Place of Business,* 112 E. Lexington St.

Francis A. Sauer M. D.
Medical Attendant.

*Address,* 105 W. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8121 — *Office of Registrar of Vital Statistics.* — Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Rueckert

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} N. Y.

*Duration of Residence in the City of Baltimore,* 4 mos.

*Place of Death,* {Give Street and Number.} 154½ Hanover st.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Athrepsia

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loppe Rd. Heb Cemetery

*Date of Burial,* August 26th 1885

*Undertaker,* Chas. H. Evans & Co.

*Place of Business,* Co. Eager & Lucas Sts. *Address,* 1402 Pratt

D Steett M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 861

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi**

# Health Department, City of Baltimore.

Permit No. 86122 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wolfe

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Months, 20 Days

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B, City

*Duration of Residence in the City of Baltimore,* 2 o dys

*Place of Death,* {Give Street and Number.} 138 West

*Cause of Death,* First (Primary), ~~Easter~~ Hereditary Syphilis

Second (Immediate), Inanition

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer C

*Date of Burial,* August 25

*Undertaker,* B Ward

*Place of Business,* 8 West St

R W Pearce M. D.
Medical Attendant.

*Address,* 313 Lee

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# City of Baltimore.

## Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

86/23

# CERTIFICATE OF DEATH.

*Date of Death,* August 25, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Fisher

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto County Md

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 363 Cathedral St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 26/85

*Undertaker,* Chas. T. Criven

*Place of Business,* 271 N. Eutaw

Geo. Brown M. D.
Medical Attendant.

*Address,* 307 Madison Ave

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following Certificate

[OVER.]

No. 86123

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Ward 8th

Permit No. 86123 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 25/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Fisher

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} —

*Age,* 78 *Years,* — *Months,* — *Days*

*Color,* white

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto County Md

*Duration of Residence in the City of Baltimore,* 25th Years

*Place of Death,* {Give Street and Number.} 313 Cathedral St

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 26/85

*Undertaker,* Charles F. Sowers & Co M. D.

*Place of Business,* 371 N. Eutaw *Address,* Baltimore MD

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully

# Health Department, City of Baltimore.

Permit No. 86124 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 25 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Murray

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.} F

*Age,* *Years,* one *Months,* one *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 2 Douglass St

*Cause of Death,* {First (Primary),} {Second (Immediate), Summer Diarrhoea}

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Public Cemetery

*Date of Burial,* Aug 25/1885

*Undertaker,* Geo. Reinhardt

*Place of Business,* Health Department *Address,* Camp St b/t N & O

Thos. A. Clemens M. D.
Medical Attendant

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Louis Mathias Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8625 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Torney,

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 260 Light St.

*Cause of Death,* First (Primary), Chronic Albuminuria

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug 27 1885

*Undertaker,* John L. Mackie

*Place of Business,* On Paca & Camden *Address,* 152 Park Av.

R. J. H. Tull M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86126 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation to Undertaker of Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Clark

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months.* 7 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Woman work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia 2a

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give Street and Number.} 65 Chestnut st

*Cause of Death,* First (Primary), Thrombosis of

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug. 25 1885

*Undertaker,* Wm A Madden

*Place of Business,* 46 East St

D S Gorsuch M. D.
Medical Attendant.

*Address,* Chestnut & Hyde sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 6127 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* aug 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Rosenbush

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 26 *Years,* 2 *Months,* 16 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Indian

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 215 S. Eden st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 3 wks (about)

All the above information should be furnished by the Physician.

*Place of Burial,* U.H.B.S. Cemetery

*Date of Burial,* aug. 26 1885

*Undertaker,* J. Eulau

*Place of Business,* [illegible]

D Smith M. D.
Medical Attendant.

*Address,* 1431 E. Lan

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8628 *Office of Registrar of Vital Statistics.* 188 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May A. Duffy.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 6 Months. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 27 Wollen

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} ~~1873~~ 1443 N. Stricker st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* S. V. Patrick Cem.

*Date of Burial,* Aug 26 1883.

*Undertaker,* Henry McGinnis

*Place of Business,* S. V. Central Ave *Address,* 173 Preston

G. H. Ammi M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Penalty of Statute

# Board of Health, City of Baltimore,

Permit No. 86129 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Gi Lehman

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 77 *Years,* 3 *Months,* *Days,*

*Color,* white

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation* noun

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Yrs

*Place of Death,* {Give street and Number.} 98 S. Carolina

*Cause of Death,* First (Primary), Hemorrhage accompanied

Second (Immediate) with Hemiplegia Left side

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* August 27th

*Undertaker* Wm. Elau

*Place of Business,* 101 Gough St

E W Elau M. D.
Medical Attendant.

*Address,* 85 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

**Permit No.** 86130 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

a

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Leo Mahoney

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} male

*Age,* 1 *Years,* 5 *Months,* 7 *Days,*

*Color,* white

*~~Married, Single,~~ Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 13 Stiles st

*Cause of Death,* First (Primary), Scarlatina

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* August 26 1885

*Undertaker* Michael Funk

*Place of Business,* 36 Bank St *Address,* 325 E. Balto st

P. S. Dausch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 86131 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Carter Williams

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 4 1/2 *Months,* ~~Days~~

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} No 5 Bell Alley

*Cause of Death,* First (Primary), Enterocolitis

Second (Immediate), Marasmus.

*Duration of Last Sickness,* about 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Lemmel Cemetery

*Date of Burial,* Aug 26 1885

*Undertaker,* H. A. Bielfeld

*Place of Business,* 17 Dover Alley

Edward G. Blackmun M. D.
Medical Attendant.

*Address,* 69 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

# Health Department, City of Baltimore.

Permit No. 86132 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD AUG 29 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Hartman

*Sex,* ~~*Male*~~ *or Female,* { Cross out the word not required in this line. } ~~Male~~ Female

*Age,* — *Years,* — *Months,* 1 *Days*

*Color,* W.

*Married,* ~~*Single,*~~ *Widow or Widower,* { Cross out the words not required in this line. } Widow

*Occupation,* —

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Back Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give Street and Number. } 210 N. Brett St

*Cause of Death,* First (Primary), —

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County.

*Date of Burial,* August 26th "

*Undertaker,* F. W. Troll

*Place of Business,* 131 Hanover St, *Address,* 9 Hanover St

E. M. Gabrow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

16

Permit No. 86133 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Dobson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 3 *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 9 E Montgomery

*Cause of Death,* First (Primary),

Second (Immediate), Cerebral Congestion

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 27 1885

*Undertaker,* Turnbull Bros

*Place of Business,* 95 E Pratt

Jno A Black M. D.
Medical Attendant.

*Address,* 158 Preston

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of D...es on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86134 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT AUG 30 1886 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Sudon

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,* Blk

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 10 mo.

*Place of Death,* {Give Street and Number.} 197 Hughes St.

*Cause of Death,* First (Primary), Scotts Enteritis

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpshut Cemtery

*Date of Burial,* August 26 86

*Undertaker,* Hercules Ross

*Place of Business,* 95 E. Mon. St. *Address,* 313 Eighth

R. H. Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 86135 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH
AUG 26 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Pallitt

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 80 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Domestic

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Somerset Co Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* { Give street and Number. } 12 Marsh Alley

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Consumption

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pulo Cemetery

*Date of Burial,* Aug 26/85

*Undertaker,* L. A. Perkins

*Place of Business,* Health Dept

J. A. Gillis M. D.,
Medical Attendant.

Address, 80 N. Bradford St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86136 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lyes H. Stoltzman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 240 Bank

*Cause of Death,* First (Primary),

Second (Immediate), Scarlet Fever

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 27 1885 Ground Co

*Undertaker,* Julius Koehler M. D.

Medical Attendant.

*Place of Business,* Cor Sharp & Cross *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 36137 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Maxwell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* ____ *Months,* ____ *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give Street and Number.} 710 North Gay Street

*Cause of Death,* First (Primary), Treasurer of Ds

Second (Immediate), Congestion of the lungs

*Duration of Last Sickness,* about three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 28th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Milton N. Taylor M. D.
Medical Attendant.

*Address,* 138 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the accurate answering of all questions on this certificate.

# Health Department, City of Baltimore.

Permit No. 86138 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E H Dorsey

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 159 Battery Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 7 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Aug 27 85

*Undertaker,* Wm J Tickner

*Place of Business,* 65 S Eutaw St *Address,* 76 S Paca St

J H Hurry M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8639 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Feinberg

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* 8 *Months.* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York City

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} 8 St James ct

*Cause of Death,* First (Primary), Diphtheritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four days

All the above Information should be furnished by the Physician.

*Place of Burial,* Russian Cemetery

*Date of Burial,* August 26

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 N High St Address 10 or East St Lane

S. W. Selover M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86140 *Office of Registrar of Vital Statistics.* Ward 17th

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Willie

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 83 *Years,* 2 *Months,* 14 *Days*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give Street and Number.} 36 Bayard st

*Cause of Death,* First (Primary), Old Age

Second (Immediate),

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* Aug 27/85

*Undertaker,* P. J. Dill

*Place of Business,* 153 Columbia ave

Chas. Baldwin M. D.
Medical Attendant.

*Address,* 166 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FIL

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Extract from Regulations on the reverse side.

# Board of Health, City of Baltimore.

Permit No. 86141 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Death Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie J. Pettus

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Eleven *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 120 S. Shark St

*Cause of Death,* First (Primary), Scarlatina Confluens

Second (Immediate), Cephalalgia

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 26th 1885

*Undertaker* John S. Mackey

*Place of Business,* Pace & Condon

D. Lancey H. Bartley M. D.
Medical Attendant.

*Address,* 47 Conway St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86142 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brigitta Daugherty

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* {Give Street and Number.} N 925 Carrollton ave

*Cause of Death,* First (Primary), Pulmonary Phthisis.

Second (Immediate), The same

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 27th

*Undertaker,* John J Bowan

*Place of Business,* 89 Hollins st *Address,* 169 N Charles

Henry Sater M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86143 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 26 1885

a.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug - 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 55 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 yrs

*Place of Death,* {Give Street and Number.} Co Pine & Pratt Sts.

*Cause of Death,* First (Primary), ....

Second (Immediate), Consumption

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* August 27

*Undertaker,* B. Myers & Co

*Place of Business,* 82 West Pratt St

R. C. Lee M. D.
Medical Attendant.

*Address,* Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86144 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECD AUG 26 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdalen Tonelyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Streot and Number.} 213 Montgomery

*Cause of Death,* First (Primary), Paleo

Second (Immediate), Bronchitis Cy with Typhoid

*Duration of Last Sickness,* about 6 yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* August 26

*Undertaker,* B. Glenn

*Place of Business,* 82 West St

Geo L Leonard M. D.
Medical Attendant.

*Address,* 28 E. Chase St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 8614S — *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 26 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Neal

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 3 *Months.* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Nun

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 218 Battery ave

*Duration of Residence in the City of Baltimore,* 15 mos

*Place of Death,* {Give street and number.} 218 Battery ave

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Has been sick for 4 weeks - cholera Infantum

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* August 26

*Undertaker,* B. Hall

*Place of Business,* 82 West St

S B Facelle M. D.,
Medical Attendant.

*Address,* 66 N Paca

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86146 *Office of Registrar of Vital Statistics,* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Donahue

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} America

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St Josephs Hospital

*Cause of Death,* First (Primary), Old Age

Second (Immediate), Exhaustion from Acute Diarrhea

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Aug 27. 1885.

*Undertaker,* D. France

*Place of Business* Park & Mott, *Address,* 188 N Eutaw St.

Oscar Hoke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 86147

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 86147 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas L. Young

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months.* 18 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} No 11 Carlton st

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 11 Carlton st

*Cause of Death,* First (Primary),

Second (Immediate), Insanitigia

*Duration of Last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery,

*Date of Burial,* Aug 28 1885

*Undertaker,* William Monroe

*Place of Business,* 62 Eutaw st

P. V. Benson M. D.
Medical Attendant.

*Address,* 187 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

# Health Department, City of Baltimore.

Permit No. 86148 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Davis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 7 Months, Days

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 22 Lebanon alley

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about Two weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Bloomfield Cemetery

*Date of Burial,* Aug 27 1885

*Undertaker,* William Bunge

*Place of Business,* 61 E Oar St

Wm A. Jones M. D.

Coroner ~~Medical Attendant~~

*Address,* 326 Hollins ally

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Date of Decease on Back of this Certificate

# Board of Health, City of Baltimore.

**Permit No.** 86149 *Office of Registrar of Vital Statistics.* **Ward** 5-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* July 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Carmel Crisp

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 31 *Years,* — *Months,* — *Days,*

*Color,* Brown Skin

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation* Oyster Shucker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore MD

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 37 Eden

*Cause of Death,* First (Primary), Acute Pulmonary Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Nine weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Aug 25 1885

*Undertaker* William Stumpf

*Place of Business,* 62 East St

W. Grimes M. D.
Medical Attendant.

*Address,* 116 E Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86150 *Office of Registrar of Vital Statistics.* Ward 3"

HEALTH DEPARTMENT AUG 26 1886 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25, 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Nolan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number} 142 Bond St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Vomiting

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 27th 1886

*Undertaker,* H. Sander & Co *M. D.*

Medical Attendant.

*Place of Business,* 232 Eastern *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86157 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Neale

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 60 *Years,* 0 *Months.* 0 *Days*

*Color,* Dark Brown

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Porter in Store

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} West River Anamdel Co

*Duration of Residence in the City of Baltimore,* Twenty years

*Place of Death,* {Give Street and Number.} No 68 Morris Alley

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Total Prostration

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green St

*Date of Burial,* Aug 26th 1885

*Undertaker,* Chas. Manuel

*Place of Business,* 111 Arch St

Benj F. Bohm M. D.
Medical Attendant.

*Address,* Cor Green & Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 86182 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 26 1885
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Agustus Hill

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 10 *Months,* *Days*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 127 Eutaw St

*Cause of Death,* First (Primary), Chol. Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mark St

*Date of Burial,* Aug 26/85

*Undertaker,* Alex Reuss

*Place of Business,* 16 Orchard St

F. J. Flanner M. D.
Medical Attendant.

*Address,* 404 N. Hill St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# CERTIFICATE OF DEATH.

86153

(To be Retained by Physician.)

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD.

*Date of Death,* Aug 26/1885

*Name of Deceased,* Clarke Chandler

*Sex, Male or Female,*

*Age,* 7 Months 14 days

*Color,* W

*Married, Single, Widow or Widower,*

*Occupation,*

*Birthplace,* City

*Duration of Residence in B. C.* Life

*Place of Death,* 16 Hanover St L P

*Cause of Death,* First (Primary),

Second (Immediate), Cerebral Dysentery

*Duration of last Sickness,* 2 weeks

## REMARKS.

Interment Oakland

Aug 27/88

B. Hanlon

West St

Dr. Britton

To give Certificate on his

Return from the County

John Murphy & Co., City Printers and Stationers.

# Health Department, City of Baltimore.

Permit No. 86154 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 26 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Taylor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 1 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 217 E. Forrest St

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), Asphyxia

Could not find any Cause.

*Duration of Last Sickness,* 3 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* Aug 26th

Francis A. Sauer M. D.
Medical Attendant.

*Undertaker,* H. C. Windefeld

*Place of Business,* 90 Greenmount Ave Address, 105 N. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1275

*Permit No.* 86155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank E Simons

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days.*

*Color,* *Sex,*

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Wheeling, W. Va

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and number.} 197 Penna Ave

*Cause of Death,* First (Primary,) Tuberculosis

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 15 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Friday 28

T. Dunphy M. D.
Medical Attendant.

*Undertaker,* C. Blizzard *Address* 147 Hamburg St

*Place of Business,* 201 Penn Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 86156 *Office of Registrar of Vi[tal Statistics]* Ward 20

HEALTH DEPARTMENT, AUG 27 1885, BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25. 1885.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ollie Edner Wands

*Sex, Male or Female,* { Cross out the word not required in this line. } female

*Age,* ——— *Years,* 5 *Months,* 11 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation* Infant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* { Give street and Number. } 440 N. Fremont

*Cause of Death,* First (Primary), Inanition

Second (Immediate), "

*Duration of Last Sickness,* 4 months

the above information should be furnished by the Physician.

*Place of Burial* Loudon Pk Cemty

*Date of Burial,* August 27th

*Undertaker* F. N. Ivell

*Place of Business* 113 Hanover St. *Address,* 506 Madison Ave

J. H. Johnston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 8615 *Office of Registrar of Vital Statistics* Ward 9

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *two hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death*, Aug. 25 '85.

*Full Name of Deceased*, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Reed

*Sex, Male or Female*, {Cross out the word not required in this line.}

*Age*, 40 *Years*, *Months*, *Days*

*Color*, Wht.

*Married*, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

*Occupation*, Writer

*Birth Place*, {State or country, and how long in the United States, if of foreign birth.} Phila. Pa.

*Duration of Residence in the City of Baltimore*, 4 days

*Place of Death*, {Give Street and Number.} No. 42 Courtland St.

*Cause of Death*, First (Primary), Phthisis Pulmonalis

Second (Immediate), Pulmonary congestion

*Duration of Last Sickness*, 2½ – 3 hours.

All the above information should be furnished by the Physician.

*Place of Burial*, Loudon Park Cem

*Date of Burial*, Aug 27th 1885

*Undertaker*, John A. McCoy

*Place of Business*, 422 W Fayette St

Alexander Hill M. D.
Medical Attendant.

*Address*, Coroner Central Dis

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86158 *Office of Registrar of Vital Statistics* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 25 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Roots

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 7 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 66 Stockholm St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* 28 Aug 85

*Undertaker,* Smallwood

*Place of Business,* 221 Hanover *Address,* 477 Shaw st

W. S. Bocock M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86159 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Craig

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give Street and Number.} 41 Covington st.

*Cause of Death,* First (Primary), Gastro enteritis

Second (Immediate), Cholera Inf.

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Aug 27

*Undertaker,* Amos J Denny

*Place of Business,* No 263 Pratt

R W & Ellis M. D.
Medical Attendant.

*Address,* 313 Light st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86160 *Office of Registrar of Vital Statistics* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25-85-4 Am

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Hamilton

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.} Male

*Age,* 50 *Years,* *Months,* *Days* 1

*Color,* Black

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} widower

*Occupation,* Saloon

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} America

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), General Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 12 mos

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetery

*Date of Burial,* Aug 27/85

*Undertaker,* Geo. Rundlett

*Place of Business,* Forest Place

G Van Hook M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8616 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG. 27 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25/83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boos

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bald. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 191 S. Washington St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* W. Hollo Cemetery

*Date of Burial,* Aug 27th

*Undertaker,* W. Dowell

*Place of Business,*

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Date of Decease on this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86162 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 27 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 26 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Casper Wm. Reuschling

~~*Sex,*~~ *Male* ~~*or Female*~~, { Cross out the word not required in this line. }

*Age,* 1 *Years,* 3 *Months,* 22 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation* Infant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* { Give street and Number. } 127 Division

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* August 27th 1885

*Undertaker* Dieterick Wiegand

*Place of Business,* 166 Druid Hill Ave

J. H. Christian M. D
Medical Attendant.

*Address,* 506 Mad. Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Health Department, City of Baltimore.

Permit No. 86163 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT, AUG. 27 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 24 August 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Rippel

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 47 *Years,* 6 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Betzjesdorf. Kurhessen. Germany 30 y. i. U. S.

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} S.E. Corner of Gros & Columbia Ave

*Cause of Death,* First (Primary), Abdominal abscess

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem'd

*Date of Burial,* 27 August 1885

*Undertaker,* M. J. Dill

*Place of Business,* 183 Columbia Ave *Address,* 211 N. Howard Street

L. F. Reinhard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore,

Permit No. 86164 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT AUG 24 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* 26 Aug. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Edward Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 1 *Months,* 4 *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation* Butcher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Nat Brown's Lane

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Aug 28

*Undertaker* J B Cook

*Place of Business,* 707 W Baltimore

John Hood M. D.
Medical Attendant.

*Address,* 594 N. Fayette st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 86165 Office of Registrar of Vital Statistics, Ward 9

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* August 26 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C Recht

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* 6 *Months,* 11 *Days.*

*Color,* W

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation* Restaurant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany 31 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 10 Mc Clellan alley

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

*Duration of Last Sickness,* several years

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Aug 28/85

*Undertaker* 13 Cobb

*Place of Business,* 7 & 9 W 13 all Cobb *Address* 258 Madison ave

R Fullerton M D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86166 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F Rembleton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 10 mts

*Place of Death,* {Give Street and Number.} 19 E Warner St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Apnoea

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* August 27 1885

*Undertaker,* Herculer Bros

*Place of Business,* 956 E Fayette

R W & C Ellis M. D.
Medical Attendant.

*Address,* 613 E Lex

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

17 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 86167

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 27 1885
REGISTRAR'S OFFICE

# CERTIFICATE OF DEATH.

*Date of Death,* August 25 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Denis Ross

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* 10 *Months,* 15 *Days.*

*Color,* light Chesnut *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Stonecutter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Taylor Island Dorchester Co. Md

*Duration of Residence in the City of Baltimore,* about 22 years

*Place of Death,* {Give street and number.} 180 West St

*Cause of Death,* {First (Primary,) "
Second (Immediate,) Consumption

*Duration of Last Sickness,* about 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 27 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Con Wright

John T. Brown M. D.
Medical Attendant.

*Address* 267 Montgomery Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore.

Permit No. 8668 — Office of Registrar of Vital Statistics, Ward 1

The Physician who attended any person in ... responsible for the ... of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 27 1885, BALTIMORE, MD.

a

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Oconnell

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* ... *Years,* 11 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Dring Life

*Place of Death,* {Give street and Number.} Boston St

*Cause of Death,* First (Primary), Lathing

Second (Immediate) Cholera Infantum

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* 27th Aug.

*Undertaker* Wm Cookman

*Place of Business* 258 Hillen *Address,* ...

J F Martin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Health Department, City of Baltimore.

Permit No. 86169 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 27 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* About Aug. 21 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} —

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} —

*Cause of Death,* First (Primary), Don't know — body is too putrid to determine cause of ~~—~~ death — not

Second (Immediate), can I say whether it was born dead or alive

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemet

*Date of Burial,* Aug 27/885

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Dept Address, Coroner Cut. Dist.

Alexander Hill, M. D.
Medical Attendant.

Was a full term child found on lot on Gallows east side near Gay St. bridge

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of Dec. 19th, 1874, on Reverse Side.

# Board of Health, City of Baltimore,

Permit No. 86170 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the correctness and completeness of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *forty-eight hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT AUG 27 1885 REGISTRAR'S STAMP

# CERTIFICATE OF DEATH.

*Date of Death,* 27 Aug, 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Fenstel

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 65 *Years,* 2 *Months,* *Days.*

*Color,* white.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. } ✓

*Occupation* none

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Bavaria, Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* { Give street and Number. } 9 Bruce st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cem.

*Date of Burial,* Aug 29th 85

John Hood M. D.
Medical Attendant.

*Undertaker* G. L. France

*Place of Business,* Bank & Wolfe Sts *Address,* 594 W. Lafayette st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 86171 *Office of Registrar of Vital Statistics.* Ward 12 4/4

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Roberts

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* Col

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} -

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 233 Preston st

*Cause of Death,* First (Primary),

Second (Immediate). Meningitis

*Duration of Last Sickness,* 4 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 27th 1885

*Undertaker* Jas. R. Chase

*Place of Business,* 198 S. Howard st *Address,* 201 W. Biddle st

R. Winslow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 8617 2 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 27 1885, BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Amelia Foreman.

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Laundress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* All her life.

*Place of Death,* {Give street and Number.} No. 40 Clay St.

*Cause of Death,* First (Primary), Mitral Stenosis.

Second (Immediate), Dropsy with exhaustion.

*Duration of Last Sickness,* Four months.

the above info mation should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 27th 1885

*Undertaker* Chas M. Chase

*Place of Business,* 128 S. Howard St *Address,* No 58 N Liberty St

G H Starr M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86173 *Office of Registrar of Vital Statistics* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angelina Moore

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 54 *Years,* ..... *Months,* ..... *Days*

*Color,* Colo

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 54

*Place of Death,* {Give Street and Number.} 21 Franklin St

*Cause of Death,* First (Primary), Chronic Nephritis

Second (Immediate), Uraemia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 27th 1885

*Undertaker,* Earl W Clare

*Place of Business,* 198 S. Howard

Geo S Lyon M. D.
Medical Attendant.

*Address,* 711 N Carey

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86174 *Office of Registrar of Vital Statistics* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sabrina Jane Ofher

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 10 *Years,* 8 *Months,* 20 *Days*

*Color,* Yellow

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 3 Raborg St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Asthenia

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cambridge Md.

*Date of Burial,* Aug 28th 1885

Jas. E. Gibbons M. D.
Medical Attendant.

*Undertaker,* Saml M. Chase

*Place of Business,* 198 S. Howard St *Address,* 47 Edmondson Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3856 Transcribed

No. 86175

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86175 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamelin Lefevre

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 75 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widower

*Occupation,* Watchman (U.S Custom House)

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 16 yrs

*Place of Death,* {Give Street and Number.} 80 E. Balto St

*Cause of Death,* First (Primary), Heart-disease

Second (Immediate), asphyxia

*Duration of Last Sickness,* few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County, Md

*Date of Burial,* August 28

*Undertaker,* Hughes Spence & Co

*Place of Business,* 60 E. Balto St *Address,* 143 N. Eden St

D. Hiett *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[o

# Health Department, City of Baltimore.

Permit No. 86176 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 28 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mealy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months.* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 316 Linden Ave

*Cause of Death,*
First (Primary),
Second (Immediate), Chol Infant

*Duration of Last Sickness,* 4 & 1 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Aug 28, 85

*Undertaker,* EDWARD J. MOWEN UNDERTAKER

*Place of Business,*

E. Altemus M. D.
Medical Attendant.

*Address,* 23 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 8617 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ellen Kraft.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 76 Fort Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Aug 28, 1885

*Undertaker,* B. Harle

*Place of Business,* 82 West St

Robert S. Lowe M. D.
Medical Attendant.

*Address,* 333 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86178 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva V. Mariner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* / *Years,* 2 *Months,* 22 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} —

*Occupation,* — — — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 42 Church St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem'y

*Date of Burial,* aug 28

*Undertaker,* B Harle

*Place of Business,* 82 West St

H. B. Noble M. D.
Medical Attendant.

*Address,* 58 Warren av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86179 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH:

*Date of Death,* August 26

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Richards

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 7 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 32 Heath St.

*Cause of Death,* First (Primary), Typho-Malarian Fever

Second (Immediate),

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* aug 29

*Undertaker,* B Hartle

*Place of Business,* 82 West St

D A Cooke M. D.
Medical Attendant.

*Address,* 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86180 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. D. Eldridge

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 9 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New Jersey

*Duration of Residence in the City of Baltimore,* 43 years

*Place of Death,* {Give Street and Number.} 32 Hopkins ave

*Cause of Death,* First (Primary), Chronic Bright's disease

Second (Immediate), Uraemia

*Duration of Last Sickness,* 4 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 30

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

J. M. Hundley M. D.
Medical Attendant.

*Address,* 22 Edmondson ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86181 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27 '83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A. Zangall or Zangar

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Huckster

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 486 Pine ave

*Cause of Death,* First (Primary), Shot - himself through

Second (Immediate), the head

*Duration of Last Sickness,* died in a few minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* August 28.

*Undertaker,* Walter Immel.

*Place of Business,* 315 W. Biddle St *Address,* 326 Gallinal Alley

W. A. Jones M. D.

Coroner ~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86182 *Office of Registrar of Vital Statistics* Ward 13th

HEALTH DEPARTMENT AUG 28 1886 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Brien

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 4 yrs *Years,* 6 ~~mo~~ *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 488 W Biddle St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Aug 28

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle St *Address,* 311 Whitmarsh Av

W. H. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

# Health Department, City of Baltimore.

Permit No. 86183 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* August 25 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Rogers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 2/12 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maternity

*Duration of Residence in the City of Baltimore.* Life

*Place of Death,* {Give Street and Number.} Nursery, Child's Hospital.

*Cause of Death,* First (Primary). ~~Mal Nutrition~~ Organic Ri. Ht. Heart

Second (Immediate), Debility

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 28

*Undertaker,* C W Blizzard

*Place of Business,* 207 Penna *Address,*

C. T. Brown M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86184 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Under-taker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia R. Church

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 1st Year

*Place of Death,* {Give Street and Number.} 1120 Lanvale St

*Cause of Death,* First (Primary), Bright's Disease of Kidney

Second (Immediate), Uraemic Convulsions

*Duration of Last Sickness,* 4 & hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 29th 85

*Undertaker,* Jos R Cook

*Place of Business,* 707 N. Bond *Address,* 171 Hanover

Geo. Reuter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86185 *Office of Registrar of Vital Statistics* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie E Wright

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Country

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 492 Cooper

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 28 85

*Undertaker,* J Leech

*Place of Business,* 707 E Balt St

Jno N Blake M. D.
Medical Attendant.

*Address,* 158 Macon

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86186 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~——~~ *Years,* 3 *Months.* ~~——~~ *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~——~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St Vincent's Infant Asylum

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 29/85

*Undertaker,* Robt Robinson

*Place of Business,* Divine & Townsend

R. N. Goldsmith M. D.
Medical Attendant.

*Address,* Hanover & Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 86787 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 27th August 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lukas Mueller

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 53 *Years,* 0 *Months,* *Days,*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Landhausen (Germany)

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} 12 Fremont St.

*Cause of Death,* First, (Primary,) Pleurisy

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* several months

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Aug 29 1885

*Undertaker,* M. Rosenberger

*Place of Business,* 70 Lombard

H. Hellmann M. D.,
Medical Attendant.

Address, 120 East St

---

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 86188 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1885 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas D Koz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Nr 4 Somerset

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Nr 127 E Monument

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Congestion of the Lungs

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Aug 29th 1885

*Undertaker,* H. H. Hickman

*Place of Business,* 234 E. Fay St

D. V. Mayer M. D.,
Medical Attendant.

*Address,* 197 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86189 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
AUG 28 1885
BALTIMORE, MD.

*Date of Death,* August 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Price

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 37 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Hod Carrier

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

*Duration of Residence in the City of Baltimore,* since early boyhood

*Place of Death,* {Give Street and Number.} 4 Abraham St

*Cause of Death,* First (Primary), Pulmonary Tuberculosis

Second (Immediate), .....

*Duration of Last Sickness,* about five months

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Cemetery

*Date of Burial,* Aug 28-1885

*Undertaker,* Wm. W. Madden

*Place of Business,* 46 East Pr

D. M. Cathell M. D.
Medical Attendant.

*Address,* 2 W Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86190 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. AUG 28 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. H. Reilly

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* ——— *Days*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 287 Fillmore St

*Cause of Death,* First (Primary), Cholera Inf.

Second (Immediate), Spasms

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Elkridge Landing

*Date of Burial,* Aug 30th 1885

*Undertaker,* Armistead & Henry

*Place of Business,* 263 Light St *Address,* 50 Warren Ave

H. B. Cobb M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8619 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 27th August 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George & Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 11 *Years,* 9 *Months.* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* School

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 78 Henrietta St.

*Cause of Death,* First (Primary), Phthisis-Pulmonary

Second (Immediate), Coma et Exhaustion

*Duration of Last Sickness,* one Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 28 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Eas Pay St

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86192 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Emma Malough

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 161 Wilkens Avenue

*Cause of Death,* First (Primary), .....

Second (Immediate), Consumption

*Duration of Last Sickness,* Six Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 29, 1880

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St *Address,* 234 Madison Avenue

A. J. Bell M. D
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86193 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
AUG 28 1885
REGISTRAR V.S.
BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 28/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frazier

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* Infancil

*Place of Death,* {Give Street and Number.} 403 Scott St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Diarrhoea.

*Duration of Last Sickness,* Four (4) Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug 30/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto St. *Address,* 517 W. Lombard St.

H. L. Green M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86194 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

HEALTH DEPARTMENT AUG 28 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie C. McAllister

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 46 Warren Avenue

*Cause of Death,* First (Primary), Phisi Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 29th 85

*Undertaker,* C.F. Krauser & Son

*Place of Business,* 209 Hanover

John Morris M. D.
Medical Attendant.

*Address,* 5 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86195 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 29 [illegible]
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 27th August 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Jolly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 18 *Years,* *Months.* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Md.

*Duration of Residence in the City of Baltimore,* 6 yrs

*Place of Death,* {Give Street and Number.} 1 Y alley

*Cause of Death,* First (Primary), Phthisis Pulmonum

Second (Immediate), Exhaustion of Apnea

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 29 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 East Pratt St | *Address,* 1146 Hull St.

L. D. Gill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 86196 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 13 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} Gay st near Oliver

*Cause of Death,* First (Primary), Malaria + Teething

Second (Immediate),

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* August 30. 1885

*Undertaker,* John Wilson

*Place of Business,* Gay & Gordon

E. B. Fenby, M. D.
Medical Attendant.

*Address,* 283 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8619 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 29 1885 BALTIMORE, MD.

2

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos L. Potter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Baltimore Post office

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} 117 Lawens St

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate), Asthenia

*Duration of Last Sickness,* I do not know as he was sick any one only a short time before his death; probably a year or more

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sunday Aug 30th/85

*Undertaker,* Lemmy & Whitehead

*Place of Business,* Balto P.O.

A. Le Chevr M. D.
Medical Attendant.

*Address,* 141 W Lanvale St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86198 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Millicent Frey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 10 *Months,* 28 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {~~Cross out the~~ words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 91 Eastern ave

*Cause of Death,* First (Primary), Phthisis Pulm

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* 10 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 31. 1885

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave

Geo. Reynolds M. D.
Medical Attendant.

*Address,* 171 Madison St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86199 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT AUG 29 1905 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1905

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Coyne

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} f

*Age,* 32 *Years,* — *Months,* — *Days*

*Color,* bl

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 54 N. Washington St.

*Cause of Death,* First (Primary), Phthisis Pul.

Second (Immediate), Asthenia

*Duration of Last Sickness,* unknown

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* August 29th

*Undertaker,* W. Dippel

*Place of Business,* 751 S. Bond

E B Buford M. D.
Medical Attendant.

*Address,* 54 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86208 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28 — "86.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Albrecht

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days*

*Color,* Wht.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} M

*Occupation,* Wood sawyer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 22 yrs.

*Place of Death,* {Give Street and Number.} No. 5 W. Lombard.

*Cause of Death,* First (Primary), Intemperance

Second (Immediate), Dilitation of left side of Heart

*Duration of Last Sickness,* Few minutes

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cem.

*Date of Burial,* Aug 29 "1885

*Undertaker,* Geo. S. Rinehart

*Place of Business,* Forrest Place

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86201 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPT. AUG 28 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Schulbe

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 42 *Years,* 6 *Months,* ~~*Days*~~

*Color,* White

~~*Married, Single, Widowed*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give Street and Number.} # 425 N. Gay St

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cemetery

*Date of Burial,* Aug 30th 1885

*Undertaker,* Adam Finkenbine

*Place of Business,* 461 N. Gay St *Address,* City

Thomas A Kinsey M. D.
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

John M. De Goey
Inspector

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86202 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Doctor's Certificate.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Clint Chiout

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 17 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 117 Sedden

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), ...

*Duration of Last Sickness,* 1st Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Aug 30th

*Undertaker,* Ralph Cochrane

*Place of Business,* 265 Aliceanna

Annie E Donnell M. D.
Medical Attendant.

*Address,* 99 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 86203 *Office of Registrar of Vital Statistics.* **Ward** 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 29 1883
BALTIMORE MD.

# CERTIFICATE OF DEATH

*Date of Death,* Aug 29/83

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ginge Drake

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 1

*Place of Death,* {Give street and Number.} 5 Duncan st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), .....

*Duration of Last Sickness,* 3 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem,

*Date of Burial,* Aug 30 1883

*Undertaker* .....

*Place of Business,* ..... *Address,* .....

..... *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86204 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29. 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fredk. W. Lehne

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* / *Years,* 6. *Months.* 29. *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 14 Roper Place

*Cause of Death,* First (Primary), Dentition

Second (Immediate), " Meningitis

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 31/85

*Undertaker,* J B Cook

*Place of Business,* 707 E Balto

E. P. Wilson M. D.
Medical Attendant.

Address, 837 N. Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86205 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Schmidt

*~~Sex~~, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Nun

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 16 yrs Ever

*Place of Death,* {Give Street and Number.} 228 Fulton St

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One a Year

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Aug 30/85

*Undertaker,* J B Leech

*Place of Business,* 707 W Balto St *Address,*

Chas O'Donovan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86206 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give name of parents.} Rebecca Miller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} (Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 95 Eutaw St

*Cause of Death,* First (Primary), Pythisis

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel st cemetery

*Date of Burial,* August 30 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Eutaw st *Address,*

C. L. Cox *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 10 on page 4.

# Health Department, City of Baltimore.

Permit No. 86207 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH
AUG 29 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georga Rust.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored.

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Brick Maker.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give Street and Number.} 109 Bruce st.

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate), .....

*Duration of Last Sickness,* I was only bedfast my last illness

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Aug 30 1885

*Undertaker,* Wm Bernard Dunge

*Place of Business,* 62 East st

Jas Wilson M. D.
Medical Attendant.

*Address,* Fayette & Pearl sts

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86208 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday August 25. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Dixon

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* — *Months,* — *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} E Fornaris Rear Bet Mounts & Gilmor

*Cause of Death,* First (Primary), Tertiary Syphilis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Aug 29 1885

*Undertaker,* Wilson & Lange

*Place of Business,* 62 East St

S. M. L. Longee M. D.
Medical Attendant.

*Address,* 193 Saratoga St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8620 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rebeca Roles

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* / *Years,* / *Months.* *Days*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 114 n Dallas st

*Cause of Death,* First (Primary), Invalid from birth Teething in hot weather

Second (Immediate), Diarhea

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Levnel Cemetery

*Date of Burial,* Aug 29 1885

*Undertaker,* Wilhelm Dengo

*Place of Business,* 62 Eort St

E C Baldwin M. D.
Medical Attendant.

*Address,* 124 n Exeter st

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86210 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPT. AUG 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Griffin

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* Forty-three *Years,* *Months,* *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Washer & Ironer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 12 Booth St

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 29 1885

*Undertaker,* William Ringo

*Place of Business,* 62 East St

Julius Hall M. D.
Medical Attendant.

*Address,* Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8624 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Bo[illegible]

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~.* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} York Pa.

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give Street and Number.} 416 N. Caroline St

*Cause of Death,* First (Primary), Pulmonary Phthisis

Second (Immediate), 7 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 31st

*Undertaker,* George Schilling

*Place of Business,* Poland Express

C. H. Thomas, M. D.
Medical Attendant.

*Address,* 616 E. Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8621/2 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG. 29 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McKenney

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* ..... *Months,* ..... *Days*

*Color,*

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 1. Poultney st

*Cause of Death,* First (Primary), Bright Disease

Second (Immediate),

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Family Ground

*Date of Burial,* Aug 30 1885

*Undertaker,* Ansley & Duny

*Place of Business,* N 263 Light st

H. W. Webster M. D.
Medical Attendant.

Address, 101 Barre[illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 8642 13 *Office of Registrar of Vital Statistics* 95 Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heddie King (Krol)

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* 6 *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} East City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 926 Canet St.

*Cause of Death,* First (Primary), ~~[illegible]~~

Second (Immediate), Convulsion (Eclampsia Neonatorum)

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Remts

*Date of Burial,* Aug 30 1885

*Undertaker,* C. Rosenberger

*Place of Business,* 70 Frankberger *Address,* No 97 S. Charles St

Thomas L. Shearer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8641 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Keidel

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months.* 2 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 233 Mulberry St Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 233 Mulberry St.

*Cause of Death,*
First (Primary), Convulsions,
Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Aug 29th 1885

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N. Fremont

J. Gluther M. D.
Medical Attendant.

*Address,* 188 Franklin

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86215 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J B Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* ——— *Months,* ——— *Days*

*Color,* Wht.

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Driver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give Street and Number.} No. 5 N. Alley

*Cause of Death,* First (Primary), Disease of Mitral Valves

Second (Immediate),

*Duration of Last Sickness,* Instant Death

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* August 29th 85

*Undertaker,* J. H. Madden

*Place of Business,* 446 East Pt

Alexander Hill M. D.
Medical Attendant.

*Address,* Coroners Office

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 86216 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 29 1885, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26. 85

*Full Name of Deceased.* { Write legibly and spell correctly. If an infant not named, give names of parents. } Newborn Gates (Annie Gassaby — Mother)

*Sex, Male or ~~Female.~~* { Cross out the word not required in this line. }

*Age,* 1 hour. ~~Years~~, ~~Months.~~ ~~Days~~

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 12 Harmony Lane.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 12 Harmony Lane

*Cause of Death,* First (Primary), Malposition and Delay.

Second (Immediate), Suffocation

*Duration of Last Sickness,*

All the above into matters should be furnished by the Physician.

*Place of Burial,* West Pub. Cemetery

*Date of Burial,* Aug 28/1885

*Undertaker* Fred'k A Keechner

*Place of Business,* 129 Lexington Ave *Address,* 49 Light Street

A. L. Kuhn, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Health Department, City of Baltimore.

Permit No. 86217 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPT. BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs H. C. Fillyaw

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 30 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

*Occupation,* Bookkeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* ~~born~~ Known life time

*Place of Death,* {Give Street and Number.} 14 Hopkins Ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 or 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Aug. 31st 1885

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bway

H. F. Hall M. D.
Medical Attendant.

*Address,* 23 Edmondson Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 82218 *Office of Registrar of Vital Statistics.* Ward 20 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG. 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie May Freyer

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* / *Years,* / *Months,* — *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation* Infant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* All of Life

*Place of Death,* {Give street and Number.} 13 Brune St.

*Cause of Death,* First (Primary), Teething

Second (Immediate) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cem.

*Date of Burial,* Aug. 31

*Undertaker* Walter Immel

*Place of Business,* 315 W. Biddle

J. W. Christian M. D.
Medical Attendant.

*Address,* 506 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

111

# Health Department, City of Baltimore.

Permit No. 8629 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT AUG 30 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Friday 5 PM Aug 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Lawrence

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 78 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Engineer at Abbotts Iron works

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Lancaster Co Penna

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give Street and Number.} No 9 Patapsco Ave

*Cause of Death,* First (Primary), Inguinal Hernia

Second (Immediate), Strangulated Gangrene

*Duration of Last Sickness,* 6 day Had Autopsy on Saturday

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* Aug. 30th 1885

*Undertaker,* Wm. Saunderson J E Prichard M. D.
Medical Attendant.

*Place of Business,* 252 Eastern Ave *Address,* 28 O'Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86220 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT AUG 30 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 29/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose E. Burley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 13 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 568 N. Durham

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 31st Aug't

*Undertaker,* Dan'l Fink

*Place of Business,* 101 N. Gay St. *Address,* 234 N. Bond

E. E. Taylor *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8622 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick K. Rau

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 28 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 98 Clement St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* August 30

*Undertaker,* B. Hess

*Place of Business,* 82 West St *Address,* 110 Fortau

O. A. Leake *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8222 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph W Reneing

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 105 Front St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* August 31

*Undertaker,* B. Myers

*Place of Business,* 52 West St *Address,*

Thomas Bath *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No 86223 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE, MD. AUG 30 1885

B

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Goldsmith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* — *Months,* — *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} N. York

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 10 Gelt Alley

*Cause of Death.* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 18 months

the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 31st 1885

*Undertaker* P. J. Seawald

*Place of Business,* 35 S. Eutaw *Address,*

J. R. Leord *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 82224 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lyons

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 5 *Months,* 19 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} No 422 E. Fayette St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Aug 30th

*Undertaker,* W J Dyer & Co

*Place of Business,* .....

J. Lalb M. D.
Medical Attendant.

*Address,* 422 E. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

20

*Permit No.* 24225

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 30 1885 BALTIMORE, MD.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* 1885- Aug 29

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Eliza Beston

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Sixty four years

*Place of Death,* {Give street and number.} 144 N Paulin St

*Cause of Death,* First (Primary,) Apoplexy

Second (Immediate,) Paralysis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* Aug 30 1885

Wm D L Carter M. D.
Medical Attendant.

*Undertaker,* S. L. Loane & Co

*Place of Business,* 612 W Balto St *Address* 204 N Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 8422 *Office of Registrar of Vital Statistics,* Ward 5

The Physician who attended any person in a last illness, is responsible for the prompt return of this Certificate, *properly filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wibbeth

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* about 30 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married.

*Occupation* Prosecutter.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and Number.} Inv. 41 Sterling Street.

*Cause of Death,* First (Primary),

Second (Immediate). Phthisis Pulmonalis.

*Duration of Last Sickness,* Several months.

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 1st

*Undertaker* Geo. Schilling

*Place of Business* Ashland Square

Chas. A. Elwell, M. D.
Medical Attendant.

Address, 579 Harford ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ctfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8627 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a properly filled Certificate.

HEALTH DEPARTMENT AUG 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram M Harris

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days*

*Color,* W

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give Street and Number.} 178 Aisquith St.

*Cause of Death,* First (Primary), Cirrhosis

Second (Immediate), Dropsy

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Aug 31st

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

E R Duncan M. D.
Medical Attendant.

*Address,* 51 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 29th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny, May McCauley.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* ~~~ *Years,* 7 *Months,* ~~~ *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single.

*Occupation,* ~~~ None ~~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number.} No 22 Somerset St.

*Cause of Death,* First (Primary,) Cholera Infantum.

Second (Immediate,) Marasmus.

*Duration of Last Sickness,* About 3 months.

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Aug 31st

*Undertaker,* Geo Schilling

*Place of Business,* Parkland Depot

Jno. N. Corman M. D.
Medical Attendant.

*Address* No 244 E. Biddle St City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 11 of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86229 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 30 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Wesley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days*

*Color,* Blk

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give Street and Number.} 8 Ohio ave.

*Cause of Death,* First (Primary), Aneurism of Aorta

Second (Immediate), Apnea

*Duration of Last Sickness,* 1 hr.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 30

*Undertaker,* H H Ross

*Place of Business,* Richmond & [illegible]

R H Ellis M. D.
Medical Attendant.

*Address,* 313 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore, 17

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 86230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cleaveland Richardson

*Sex, Male* ~~or Female~~, { cross out the word not required in this line. }

*Age,* ——— *Years,* Eleven *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State of country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 166 Hughes St

*Cause of Death,* First, (Primary,) Diarhoea

Second, (Immediate,) Diarrhoea

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester Co

*Date of Burial,* Aug 31st 1885 — D. J. Reinhart M. D.
Medical Attendant.

*Undertaker,* Armstrong Bros

*Place of Business,* 260 Fayette — *Address,* 304 Madison Ave

---

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

# Board of Health, City of Baltimore.

Permit No. 8623 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Augt 28th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Eliot

*Sex,* Male ~~or Female~~ { Cross out the word not required in this line. }

*Age,* 17 *Years,* — *Months,* — *Days,*

*Color,* White

~~Married~~, Single, ~~Widowed~~ { Cross out the word not required in this line. }

*Occupation* Housekeeper

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 57 Clarkson St

*Cause of Death.* { First (Primary), Second (Immediate), } General Anasarca 6 Months

*Duration of Last Sickness,*

the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 31/885

{ *Undertaker* Armstrong & Sons
*Place of Business,* 263 Light } *Address,* 44 Lawrence

Wm. H. Doran M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 86232 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles McCabe

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 38 McKim

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Augt 31st 1885

*Undertaker,* Henry W. Mears

*Place of Business,* #45 N Gay St

J. H. Rotzein M. D.
Medical Attendant.

*Address,* Belmont Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 82233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, AUG 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Hlatky

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 21 *Months,* ... *Days.*

*Color,* White *Sex,* ...

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* 3 Months

*Place of Death,* {Give street and number.} No 11 Abbott St.

*Cause of Death,* First (Primary,) Bronchitis

Second (Immediate,) ...

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ch

*Date of Burial,* Aug. 30. /85

John H. Botton M. D.
Medical Attendant.

*Undertaker,* J. Enoch & Co.

*Place of Business,* 249 N. Durham. *Address* 239 N Caroline St

---

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86234 — *Office of Registrar of Vital Statistics.* — Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

H

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baptor

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* House Maid

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Essex Co Va

*Duration of Residence in the City of Baltimore,* 9 mos

*Place of Death,* {Give Street and Number.} Maryland Genl Hospital

*Cause of Death,* First (Primary), Typhus — Malarial Fever

Second (Immediate), Haemorrhage from the bowels

*Duration of Last Sickness,* 18 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Aug 30th 1885

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St

J H Irwin M. D.

Resid. Physician ~~Medical Attendant~~.

Address Maryland Genl Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the ~~Coroner~~, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86235 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jadia Forester

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Two (?) *Years,* Eight (8) *Months.* 7 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore.* Since birth

*Place of Death,* {Give Street and Number.} 296 E Madison St

*Cause of Death,* First (Primary), Diphtheritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 30 85

*Undertaker,* Wm S Fry

*Place of Business,* 51 W Lanvale St Address 80 E Eager St

J. W. Stoner M.D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86436 *Office of Registrar of Vital Statistics.* Ward No. 3 4

The Physician who attended any person in a last illness, is responsible for the proper filling of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bankorn

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* white

~~*Married Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 85 S. Bond St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 30 85 H. H. Kuhl M. D.

Medical Attendant.

*Undertaker,* Am Sons

*Place of Business,* 870 Broadway *Address,* Balt. & Bank Sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

**Permit No.** 8623 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29. 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Menk.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 49. *Years,* 1. *Months.* *Days*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shoe maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore.* 4 years

*Place of Death,* {Give Street and Number.} 93 Lemon St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 9 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 31

*Undertaker,* J B Crook

*Place of Business,* 707 West Balto

C. R. Wilson M. D.
Medical Attendant.

*Address,* 837 N. Piatt St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Blanks below, and to List of Diseases on Back of this Notice.

# Health Department, City of Baltimore.

Permit No. 86238 *Office of Registrar of Vital Statistics* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death.* August 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 47 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 38 years

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 164 S Spring St

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Enlargement of Spleen

*Duration of Last Sickness,* Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* September 1st

*Undertaker,* Michael Funk

*Place of Business,* 35 Bank St

Samuel E Daniels M. D.
Medical Attendant.

*Address,* 292 E Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86239 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Aug. 31st 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Woody

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 21 Days

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 13 Biddle alley

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), "

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 31st 1885

*Undertaker,* Alf Hensley

*Place of Business,* 116 Orchard

R. H. Hall M. D.
Medical Attendant.

*Address,* 262 Sharp st

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86240 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice M. Cook

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 11 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 230 Columbia ave.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 10 days "

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 31 85

*Undertaker,* Wm J Liebner

*Place of Business,* 65 S. Eutaw St *Address,* Co Columbia ave Penn Ave

Chas Eldridge M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86241 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1885

*Full Name of Deceased* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Kenney

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* 10 *Months.* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 294 W. Lombard St.

*Cause of Death,* First (Primary), Chronic Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Aug 31st 1885

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S Eutaw *Address,* 298 W. Lombard St.

H. W. Webner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86242 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Danl. L ~~Kelley~~ Kenney

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 10 *Months,* — 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 68 Wyatt st

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 1st 1885

*Undertaker,* Wm J Tickner

*Place of Business,* 165 E Eutaw *Address,* 44 Howard st

Chester Coale M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86243 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 29th August, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Betty Lehlessinger

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Fifty Six (56) *Years,* *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Mother of a family.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Europe. (Moesbach)

*Duration of Residence in the City of Baltimore,* Thirty five Years.

*Place of Death,* {Give Street and Number.} No 90 N. Broadway Baltimore.

*Cause of Death,* First (Primary), Thoracic Abscess.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* About Three Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Fells Point Phila Road.

*Date of Burial,* Aug. 31st

*Undertaker,* H. Eilau

*Place of Business,* Gough St.

W. C. Van Bibber M. D.
Medical Attendant.

*Address,* 47 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 8624 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irine Blum

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 14 Days

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 86 Bank St.

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Cemetery

*Date of Burial,* August 31st 1885

*Undertaker,* Wm Elder

Nicholas L. Dashiell M. D.
Medical Attendant.

*Place of Business,* 101 Gough St *Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86245 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Becker

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* 21 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* 2 mos 21 days

*Place of Death,* {Give Street and Number.} 9 Calverton Road

*Cause of Death,* First (Primary), Brain Fever

Second (Immediate), Hemorrhage from Stomach & Bladder

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sep: 1st 1885.

*Undertaker,* Jno. O. Rawlins

*Place of Business,* 66 Frederick

J. G. Linthicum M. D.
Medical Attendant.

*Address,* 584 W. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, the cause and date of death.

{over}

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 86246 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Daly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give Street and Number.} No. 9 Hillman st.

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis of the Brain

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Aug 31st

*Undertaker,* H. H. Middagh

*Place of Business,* 90 Greenmount Av *Address,*

Jas. Burke Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8624 *Office of Registrar of Vital Statistics.* Ward 6 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Strauch

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days*

*Color,* Wht.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* ~~All~~ 25 yrs.

*Place of Death,* {Give Street and Number.} Castle St. near Chew.

*Cause of Death,* First (Primary), A fall of 18 ft. into an icehouse,

Second (Immediate), causing frac. (Co) of skull also frac. of neck & upper part of sternum

*Duration of Last Sickness,* Instant death.

All the above information should be furnished by the Physician.

*Place of Burial,* St Martha Cemetery

*Date of Burial,* Aug. 31 - 85

*Undertaker,* Wm. McLaws

*Place of Business,* 257 Aliceanna

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86248 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 31. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Merchel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 9 *Years,* 2 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* — Russia

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Russia.

*Duration of Residence in the City of Baltimore,* 6 months.

*Place of Death,* {Give Street and Number.} 119. S Exeter St.

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid Fever.

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Cemetery

*Date of Burial,* Aug 31st 85

*Undertaker,* Wm. Riordan

*Place of Business,* 233 Aliceanna St

A. F. Gourley M.D. M. D.

Medical Attendant.

*Address,* 96 S. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

Permit No. 8629 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hahn

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* 6 *Years,* 0 *Months,* 24 *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Prince George County Maryland

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and Number.} 81 Parkin St Baltimore

*Cause of Death,* First, (Primary,) Diphtheritis

Second, (Immediate,) Blood poisoning

*Duration of Last Sickness,*

*All the above information should be furnished by the Physician.*

*Place of Burial,* Western Cem

*Date of Burial,* Aug 31/85

*Undertaker,* P. J. Lee

*Place of Business,* 183 Columbia Ave

D. M. Welmon M. D.,
Medical Attendant.

*Address,* 120 East Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 86250 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the information of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG. 31 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* aug 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul R. Kenfoles

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 132 Scott St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asphyxia

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 31/85

*Undertaker,* P. J. Dee

*Place of Business,* 183 Columbia Ave *Address,* 136 Columbia ave

Geo R Grabeus M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8625 / *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 31 1885
BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Elizabeth Barnes

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* — *Years,* 5 *Months,* 16 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 59 Orchard St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* About 1 week.

All the above information should be furnished by the Physician.

*Place of Burial,* Shoop St.

*Date of Burial,* aug 31st 1885

*Undertaker,* Landon B. Brown.

*Place of Business,* S. W. cor. Fremont Ave.

Saw her once.

Eldridge C. Price, M. D.
Medical Attendant.

*Address,* 262 Mad. Ave.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86252 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 30th August

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Schaefer

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 1 *Years,* 5 *Months,* 10 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 31 Bowley's La.

*Cause of Death,* First (Primary), Diarhoea

Second (Immediate), Cholera Inf.

*Duration of Last Sickness,* 3 months

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Tuesday

*Undertaker,* George Lumbard

*Place of Business,* 39 W. Lee St. *Address,* 211 N. Howard St.

L. F. Bouchard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Attention of Physicians is respectfully called to the Extract from Regulations printed on the reverse side of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86253 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
AUG. 31 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Aug 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Pistue

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Sixty-six *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation* Stonecutter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria Thirty-four years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 39 Pennsylvania Ave.

*Cause of Death,* First (Primary), Typho Malarial Fever

Second (Immediate). Exhaustion

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 31st 1885

*Undertaker* Henry W. Mears

*Place of Business,* 145 N Gay St

W. E. Lancey & Barclay M. D.
Medical Attendant.

*Address,* 47 Conway St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 8625 — *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH. B

*Date of Death,* August 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurel Feinberg

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 11 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Syracuse N.Y 2 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} S. St James Street

*Cause of Death,* First (Primary), Diphtheritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* Five (5) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Russian Cemetery

*Date of Burial,* Aug 31/85

*Undertaker,* J Jahrens

*Place of Business,* 28 N High Address

W A Abner M.D.
Medical Attendant.

E Eager Caroline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86255 *Office of Registrar of Vital Statistics.* Ward 13 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 31 1885
BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Burkette Dashiell

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months.* *Days*

*Color,* Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Ft Jefferson

*Place of Death,* {Give Street and Number.} 194 Rebecca St.

*Cause of Death,* First (Primary), Congestion of bowels

Second (Immediate), and Croup.

*Duration of Last Sickness,* about 4 ~~weeks~~ days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 1 1885

*Undertaker,* Wilhelm & Dryer

*Place of Business,* 62 East St

J. McN. Hoffman M. D.
Medical Attendant.

*Address,*

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 86256 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Aug 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Pollard

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days,*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give street and Number.} 47 Parrish alley

*Cause of Death,* First, (Primary,) severely burned about breast + head from ignited clothing coming in contact with a lighted match

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 24 hours.

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 31 1885

*Undertaker,* William A' Lingle

*Place of Business,* 62 East St

H. H. Wright M. D., Medical Attendant.

*Address,* 221 N Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 86257 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended my person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Diggs

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 10 *Months.* — *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 257 Rubsey Ct —

*Cause of death,* First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* six days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 31 1885

*Undertaker,* William A Lingee

*Place of Business,* 62 East St

J. W. Clark *M. D.,*

Medical Attendant.

*Address,* Balto-Glen Disp

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 86258 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 31 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Larkins

*Sex, ~~Male or~~ Female,* {~~Cross out the word~~ not required in this line.}

*Age,* ..... *Years,* 15 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltmd

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 334 Ruby St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), .....

*Duration of Last Sickness,* about 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 31 1885

*Undertaker,* William A. Dugee

*Place of Business,* 62 East St

Robt K Knox M. D.
Medical Attendant.

*Address,* 856 W Fayette

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reports Below, and to Blue of Disease on [illegible]

# Health Department, City of Baltimore.

Permit No. 86259

*Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Elliot

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 267 Eastern ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 31

*Undertaker,* M. Doyle

*Place of Business,* No 200 E Charles St

O. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Fortau

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86260 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED AUG 31 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Augst 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Steinmeyer

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 1 ..... *Months,* 0 *Days*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 20 N Bond St

*Duration of Residence in the City of Baltimore,* 1 mo

*Place of Death,* {Give Street and Number.} 20 N Bond St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One mo

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park

*Date of Burial,* Aug 31 the

*Undertaker,* Andrew Rohde

*Place of Business,* 43 Pennsylvania Ave

E Jorgo Walls M. D.
Medical Attendant.

*Address,* 269 N Caroline St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

# Health Department, City of Baltimore.

Permit No. 86261 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. AUG. 31, 1885

## CERTIFICATE OF DEATH.

*Date of Death,* August 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Stamp

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 79 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give Street and Number.} 62 Eagle

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), .....

*Duration of Last Sickness,* 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem'y

*Date of Burial,* August 31 1883

*Undertaker,* James O Flynn

*Place of Business,* No 63 N Front St

James E Donnelly M. D.
Medical Attendant.

*Address,* 197 E Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 86262 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie H Daniels

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months.* — *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widowed*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 86 Cross Str

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), 2 Months

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* at Fairport Northumberland Co. Pa

*Date of Burial,* Sept 1st

*Undertaker,* B. Harle

*Place of Business,* 52 West St Address, 55 Hanover

H B Noble M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3859 Franz C

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86263 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Nightingale

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 3 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 1 3 days

*Place of Death,* {Give Street and Number.} 8 Cross St.

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Abuse

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* Aug 31 85

*Undertaker,* B. Hale

*Place of Business,* 42 West

R H P Ellis M. D.
Medical Attendant.

*Address,* 313 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule VI printed on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86264 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Hicklein

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 209 William st

*Cause of Death,* {First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 24 days

All the above information should be furnished by the Physician.

*Place of Burial,* H Potters Grave Yard

*Date of Burial,* September 1

*Undertaker,* B. Hauk

*Place of Business,* 92 West H

C. L. Buddenbohn M. D. Medical Attendant.

*Address,* 166 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 86265 *Office of Registrar of Vital Statistics* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George M. Byers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 5 *Months,* 12 *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 9 S. Appleton St

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* ~~August~~ 22nd Aug.

*Undertaker,* Joseph Feerdenand Son

*Place of Business,* 59 N. Schroeder St

R W. Mifflin M. D.,
Medical Attendant.

*Address,* 188 Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 86266 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Hullett.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* ..... *Months,* ..... *Days*

*Color,* white

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Contractor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore.* 70 years

*Place of Death,* {Give Street and Number.} 240 Franklin St.

*Cause of Death,* First (Primary), Bronchial Catarrh

Second (Immediate), Asthenia

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 31st 1885

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont

J. J. Alley, M. D.
Medical Attendant.

*Address,* 186 Franklin

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86267 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Roos

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* {Give Street and Number.} 100 Ridgley St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Diph Croup (Asphyxia)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* September 1st 1885

*Undertaker,* Ernst Schirmer *M. D.* Medical Attendant.

*Place of Business,* 181 Shaw st *Address,* 170 S. Howard st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8,268

## Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Reynolds

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 30 *Years,* ... *Months,* ... *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give Street and Number.} 187 Wharf St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), ...

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Orthodox Cemetery

*Date of Burial,* August 31st 1885

*Undertaker,* Ernst Schlosser

*Place of Business,* 181 Sharp St. *Address,* 181 Sharp St

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit - 1885

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86269 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice A. Hull

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 8 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} Basin Ob. Dept. of Hygiene St.

*Cause of Death,* First (Primary), Accidental Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* Sept 1st

*Undertaker,* C. H. Krause & Son

*Place of Business,* 209 Hanover

Jno. A. Beec M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 86270 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Dunleavy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ~~4~~ *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Dying Life

*Place of Death,* {Give Street and Number.} 206 Hanover

*Cause of Death,* First (Primary), Dentition & Malaria Fever

Second (Immediate),

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Sept 1 1885

*Undertaker,* Daniel Flynn

*Place of Business,* 109 West St

D. A. Cooke M. D.
Medical Attendant.

*Address,* 210 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8627 / *Office of Registrar of Vital Statistics* Ward 21

HEALTH DEPARTMENT AUG. 31 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Leonhard Higgins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} 236 S. Dallas St.

*Cause of Death,* First (Primary), Typhoid Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews, am

*Date of Burial,* Septbr 1st 1885

*Undertaker,* [illegible]

*Place of Business,* 352 Eastern Av. *Address,* 243 Fleet

John H. Rehberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th/85

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents } Fanny Baker.

*Sex, Male or Female,* { Cross out the word not required in this line. } Female.

*Age,* ____ *Years,* two *Months,* ____ *Days.*

*Color,* White *Sex,* Female.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. } Single

*Occupation,* ____

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } 62 Essex St

*Duration of Residence in the City of Baltimore,* Two months.

*Place of Death,* { Give street and number. } 62 Essex St

*Cause of Death,* { First (Primary,) Cholera Infantum. / Second (Immediate,) Prostration

*Duration of Last Sickness,* Two months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel *W. H. Rockwell, M. D.*

*Date of Burial,* August 31/85 Medical Attendant.

{ *Undertaker,* H. Handley & Son # *Address* 23. S. Broadway.
{ *Place of Business,* 252 Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

# Health Department, City of Baltimore. (13)

Permit No. 86473 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH

*Date of Death,* Aug 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Jackson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months.* *Days*

*Color,* white

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Bricklayer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} 448 Lexington st

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), and old age

*Duration of Last Sickness,* about 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Pk. Cemetery.

*Date of Burial,* Sept 1st

*Undertaker,* F. N. Troll

*Place of Business,* No 131 Howard St

Wm A. Jones Coroner M. D.

~~Medical Attendant~~

320 Hollins st

~~Address,~~

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8627 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 30/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patk Murdock

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* ..... *Months,* ..... *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Over 40 years

*Place of Death,* {Give Street and Number.} 42 Eastern Ave

*Cause of Death,* First (Primary), Pulmonis

Second (Immediate), .....

*Duration of Last Sickness,* two (2) months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 1st 1885

*Undertaker,* Matthew Bodziger

*Place of Business,* 20 E Baltimore St

H. E. Lund M. D.
Medical Attendant.

*Address,* 384 W Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

B

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 30th August 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward J. Costello.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Clerk.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number.} 321 Park Avenue.

*Cause of Death,* First (Primary,) Peritonitis.
Second (Immediate,)

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery.

*Date of Burial,* September 1st 1885.

*Undertaker,* Martin Fahey.

*Place of Business,* 126 & 128 W. Townsend St.

Geo. J. Collins, M. D.
Medical Attendant.

Address 80 N. John St. Baltimore.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...he Special Attention of Physicians to ...

# Health Department, City of Baltimore.

Permit No. 86276 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Lyons

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* ... *Months,* ... *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Dont know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters of the Poor

*Cause of Death,* First (Primary), ...

Second (Immediate), Cancer of the Intestines

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemy

*Date of Burial,* ...

*Undertaker,* Mr Bloodcome

*Place of Business,* E. Lombard

Jno. Brooke Boyle M. D.
Medical Attendant.

*Address,* ...

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certi...

# Health Department, City of Baltimore.

Permit No. 8677 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane White

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give Street and Number.} 12 Hull St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 5 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* ~~August~~ Sep. 1st 85

*Undertaker,* M. A. Daigen

*Place of Business,* 74 S Bway

O. A. Cook M. D.
Medical Attendant.

*Address,* 110 Fort.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86278 *Office of Registrar of Vital Statistics.* Ward 67

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1883 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml George Boodko

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* 4 *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Miner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Laurel, Maryland.

*Duration of Residence in the City of Baltimore,* Twenty two years.

*Place of Death,* {Give Street and Number.} No 488 N. Washington Street

*Cause of Death,* First (Primary),

Second (Immediate) Phthisis Pulmonalis.

*Duration of Last Sickness,* Eleven months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 2d

*Undertaker,* Wm J Schaffer

*Place of Business,* No 5. S. Front St

J. T. Martenet M. D.
Medical Attendant

*Address,* Belair Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86279 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1925 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 31 1925

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Jenkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 0 *Months,* 14 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 296 Hanover St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* September 1925

*Undertaker,* Hercules Ross

*Place of Business,* 95 Con Way St *Address,* 191 Hanover St

C. V. Dorsey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86280 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT SEP 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ottilia Ross

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 11 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 1 Year

*Place of Death,* {Give Street and Number.} 100 Ridgely St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Septicaemia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 1st 1885

*Undertaker,* Ernest Schluesman

*Place of Business,* 181 Sharp *Address,*

..... *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8628 / *Office of Registrar of Vital Statistics.* Ward 18"

HEALTH DEPARTMENT 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Valiant

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* Engineer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 59 Sassafras St

*Cause of Death,* First (Primary), Cerebral Apoplexy

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Sept 1st 1885

Geo R Graham M. D.
Medical Attendant.

*Undertaker,* Chas Ellis & Sons

*Place of Business,* 263 Pratt *Address,* 131 Columbia ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86282 *Office of Registrar of Vital Statistics.* Ward 15-1

HEALTH DEPARTMENT SEP 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 31" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Thomas Green

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Dury Life

*Place of Death,* {Give Street and Number.} 259 Hanover st

*Cause of Death,* First (Primary), Acute Phthisis

Second (Immediate),

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Betolentry

*Date of Burial,* Sept 2/1885

*Undertaker,* Amos Denny

*Place of Business,* 263 Light

O. A. Cook M. D.
Medical Attendant.

*Address,* 170 Forbes

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86283 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 1/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Lane

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 188 Down St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* Sept 2nd 85

*Undertaker,* Mathew Cadogan

*Place of Business,* 227 Mulberry

Jno D Blake M. D.
Medical Attendant.

*Address,* 108 N Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2, *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86284 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Goodman

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 3 *Months,* 27 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Nil.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 157 Chestnut st

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), asthenia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Hebrew Comet.

*Date of Burial,* Sept 1st 1885

*Undertaker,* Jos O Byrne

*Place of Business,* [redacted] Fremont

D. Smith M. D.
Medical Attendant.

*Address,* 140 N. Gay st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86285 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30 - 4 am 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wiesel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Phthisis Pulm

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 mos

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto Cemetery

*Date of Burial,* Sept 2d 1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Forrest Place *Address,* City Hospital

E Van Hoor M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86286 *Office of Registrar of Vital Statistics* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archibald C. Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* 5 *Months,* 26 *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Bailiff

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* {Give Street and Number.} 1135 N. Gilmor St

*Cause of Death,* First (Primary),

Second (Immediate), Laryngitis

*Duration of Last Sickness,* 2 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 2nd 1885

*Undertaker,* Henry McGinnis

*Place of Business,* N Central ave

E. L. Grove M. D.
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86287 *Office of Registrar of Vital Statistics* Ward 15th

HEALTH DEPARTMENT SEP. 1 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

11 B

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Sunday

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 1410 Hanover St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cem.

*Date of Burial,* Sept 1st 1885

*Undertaker,* H. Saunders & Son M. D.

Medical Attendant.

*Place of Business,* 252 Eastern Ave Address.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86288 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Aug~~ Sept 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lewis

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 189 Aliceanna St

*Cause of Death,* First (Primary), Hemiplegia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 2

*Undertaker,* Wm H. Dyer

*Place of Business,*

Geo B Keyser M. D.
Medical Attendant.

*Address,* 171 N Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Memorandum of Law of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86289 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Ruxenbaum

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Ruxenbaum

*Age,* 4 Years, 6 5 *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Baby

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 4 yrs

*Place of Death,* {Give Street and Number.} 400 S Linwood St

*Cause of Death,* First (Primary), Obstruction in Small Intestines

Second (Immediate), Strangulation

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Har Sinai Cemetery

*Date of Burial,* September 2nd

*Undertaker,* Charles Hollander & Co.

*Place of Business,* Pratt St. & Canal Address, 185 W Fayette

Wm T Corse M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86290 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the prosecution of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Matte

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} 7 Jefferson St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem.

*Date of Burial,* Sept 1st 85

*Undertaker,* G. France

*Place of Business,* Frank & Wolfe's *Address,* 243 Three Annes

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physician is called to the back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86291 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certified

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Baird

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 9 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland Co Md

*Duration of Residence in the City of Baltimore,* 4 Yrs 9 days

*Place of Death,* {Give street and Number.} 8 Paca St Ward

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* Was taken sick yesterday the first time in a dying condition

All the above Information should be furnished by the Physician.

*Place of Burial,* St Paul Cemetery

*Date of Burial.* Aug 30th

*Undertaker,* Andrew Rohde

*Place of Business,* 418 Penna Ave

Dr. Kellmond M. D., Medical Attendant.

Address, 120 Pearl St Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 86292 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR VITAL STATISTICS SEP 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 31/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michl Noonen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, Months, 22 Days

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 174 Ramsay St

*Cause of Death,* First (Primary),

Second (Immediate), Valvular disease of Heart.

*Duration of Last Sickness,* 22 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 1/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 Balto St *Address,* 387 W Lombard St

H. L. Shaw M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Questions below, and to Rules on Back of this Certificate

# Board of Health, City of Baltimore,

**Permit No.** 86293 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward J. Neeman

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 22 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} single

*Occupation* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 9 Spruce Alley

*Cause of Death,* First (Primary). Phthisis Pulmonalis

Second (Immediate).

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Sept 3d 1885

P. S. Dausch M. D.
Medical Attendant.

*Undertaker* M. Delaney & Co

*Place of Business,* 92 S. Amer Address, 325 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Ar...

# Board of Health, City of Baltimore, (19

HEALTH DEPARTMENT
SEP 1 1885
BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 86294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Ellis

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ~~about~~ ~~35~~ 42 *Years,* ~ *Months,* ~ *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Seamstress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Essex Co., Va.

*Duration of Residence in the City of Baltimore,* About two months

*Place of Death,* {Give street and number} No. 17 Patterson Avenue

*Cause of Death* First, (Primary,) Tuberculosis of Bowels

Second, (Immediate,) Asthenia

*Duration of last Sickness,* About 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Sanders Wards Run

*Date of Burial,* Sept 1st 1885

*Undertaker,* E. Mongh 169

*Place of Business,* 298 Penna Ave

Eugene F. Cordell M. D.
Medical Attendant.

*Address,* 125 N. Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3861 Hansel

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians to Copy

# Health Department, City of Baltimore.

Permit No. 86295 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Netter

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 42 *Years,* — *Months,* — *Days*

*Color,* Col.

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 15 yrs.

*Place of Death,* {Give Street and Number.} No. 42 Centre Market Space

*Cause of Death,* First (Primary), Pulmonary Hemorrhage

Second (Immediate),

*Duration of Last Sickness,* 4 — 5 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,*

*Undertaker,*

*Place of Business,*

Alex. Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

See following certificate

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86295 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 1 1897 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1" 97

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Velier

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* *Months,* *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} #. 47 Centre Market Space

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loyal Cemetery

*Date of Burial,* Sept 2" 97

*Undertaker,* Wm J Gray

*Place of Business,* 63 Mulberry St *Address,* Same

Thos A Kleiner M. D.
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Jas O. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86296 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT SEP 1 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30. 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Shead

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 43 Stockholm St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician,

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* September 1 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Eon Way St

Cor L Boyce M. D.
Medical Attendant.

*Address,* 279 Slap St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Reg...

# Health Department, City of Baltimore.

Permit No. 8629 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Larence Croft

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* 3 *Months,* 10 *Days*

*Color,* White -

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 100 Bonsan - St

*Cause of Death,* First (Primary), Cholera - Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 - Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Harford Co Md

*Date of Burial,* Sept 2. 1885

*Undertaker,* H. H. Hickman

*Place of Business,* 234 Fay St *Address,* 238 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Rules and Regulations on the back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86298 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 7 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* August 31 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Taylor

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months.* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Janitor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 114 Richard St.

*Cause of Death,* First (Primary), Organic Disease Heart.

Second (Immediate), Dropsy

*Duration of Last Sickness,* 4 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon

*Date of Burial,* Sept 2nd 1885

*Undertaker,* Chas Ramsey

*Place of Business,* 116 Richard St

Geo A. Fleming M. D.
Medical Attendant.

Address, Franklin & Green Sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86299 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Frontling

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 44 *Years,* 2 *Months,* 4 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give Street and Number.} 258 Lee St

*Cause of Death,* First (Primary), Cancer of Liver

Second (Immediate), Prostration

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem'y

*Date of Burial,* September 3rd 1885 J. Buddenbohn M. D.

Medical Attendant.

*Undertaker,* Ernst Schlosser

*Place of Business,* 151 Sharp St *Address,* 166 S. Dead.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Phy... ...Ed...

# Health Department, City of Baltimore.

Permit No. 86300 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. SEP 2 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Lix

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 12 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 560 N. Fayette st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Meningitis

*Duration of Last Sickness,* about 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 3rd/85

*Undertaker,* Mr Weaver

*Place of Business,* 202 N Eutaw

W. R. McCann M. D.
Medical Attendant.

*Address,* 582 N Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention [illegible]

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 19th

Permit No. 86301

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Donahue

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} ~~Male~~ *Months,* ~~—~~ *Days.*

*Age,* 36 *Years,*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 years.

*Place of Death,* {Give street and Number.} N.W. Cor Gilmor and Saratoga Sts

*Cause of Death,* First, (Primary,) Mental excitement with delusions

Second, (Immediate,) followed by congestion of brain Serous effusion on the brain

*Duration of Last Sickness,* 3 days. She was before treated her three days under the treatment of other physicians

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept 3d

*Undertaker,* H. C. Wiedefeld *Address,* 221 N. Gilmor St

*Place of Business,* 90 Greenmount Ave

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ...

# Board of Health, City of Baltimore,

Permit No. 86302 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Healey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* 1 *Months,* ..... *Days.*

*Color,* .....

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 64 Amity St. N.

*Cause of death,* First, (Primary,) Convulsions

Second, (Immediate,) .....

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept 2 1885

*Undertaker,* M Corcoran

*Place of Business* 277 Mulberry St

Geo H Capt M. D.,
Medical Attendant.

*Address,* 7 Wamby Court

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

6

*Permit No.* 86303

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Cleveland Goldsmith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 9 *Months,* 18 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 162 Fairmount Ave

*Cause of Death,* First (Primary,) Marasmus

Second (Immediate,)

*Duration of Last Sickness,* 2 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Edew't. Cemetery. Phila

*Date of Burial,* September 3d, 1885

Chas. B. Eagle, M. D.
Medical Attendant.

*Undertaker,* Chas. F. Cann & Co

*Place of Business,* Eagle & Valley Sts. *Address* 28 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks ... and to Directions on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 86304 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* August 31, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Dowd

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* ... *Months.* ... *Days*

*Color,* W.

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 40 years

*Place of Death,* {Give Street and Number.} 232 N. Ann St.

*Cause of Death,* First (Primary), Gastric Catarrh

Second (Immediate), Debility

*Duration of Last Sickness,* About two years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem

*Date of Burial,* Sept 2nd 1885

*Undertaker,* C. F. Krauser Son

*Place of Business,* 239 Hanover

W. H. White, M. D.
Medical Attendant.

*Address,* 1 E. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86305 *Office of Registrar of Vital Statistics.* Ward 5

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C Wade

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 1 9 *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 9 Fillew St

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Y & M Redemption Cemetery

*Date of Burial,* September 2nd 1885

*Undertaker,* Adam Fink Son

*Place of Business,* 461 N Gay St. *Address,* Carroll & R

~~*Medical Attendant*~~ Jas A Steuart M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86306 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Steiner

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} No. 220 N Caroline St

*Cause of Death,* First (Primary) Indigestion

Second (Immediate), Convulsions

*Duration of Last Sickness,* Nine hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 3. 1885

*Undertaker,* John Lake

*Place of Business,* 201 Baltimore St

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86307 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE, MD.

29

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} alonza Thomas

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 2 *Months,* 7 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 428 Lancaster St.

*Cause of Death,* {First (Primary),

Second (Immediate), Gastritis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Sept 3rd 85

*Undertaker,* G. France

*Place of Business,* Bantz & Wolfe Address, 52 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86308 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lara

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 10 E Pratt

*Cause of Death,* First (Primary); Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem.

*Date of Burial,* Sept 3rd 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe St *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86309 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Simon

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 9 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 33 N. Fredrick st

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Prostration

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Sept 3rd

*Undertaker,* Geo Schilling

*Place of Business,* Highland Ave

C. L. Buddenhagen M. D.
Medical Attendant.

*Address,* 166 Hacon

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of [illegible] of this Certificate

# Health Department, City of Baltimore.

Ward 16"

Permit No. 86310 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 2 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* 22 September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H Collins

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 2 *Years,* 6 *Months,* ... *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Nothing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 25. China St.

*Cause of Death,* First (Primary), Gastric = Intermittent

Second (Immediate), Meningitis

*Duration of Last Sickness,* 3. days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Sept 3 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Can ~~Way~~ St *Address,* 146. Hill St.

L. D. Dyer M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8631 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED SEP 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amid Anderson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 33 Courtland St. 2nd. Home for Colored Girls

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Haemoptysis

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* September 2

*Undertaker,* L Ahrens

*Place of Business,* 28 High St

X. M. Hall M. D.
Medical Attendant.

*Address,* 262 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the ... on the back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86312 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisi King

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} F

*Age,* 28 *Years,* ... *Months.* ... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} M

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 217 S Bregnuff Ave

*Cause of Death,* First (Primary), Puerperal Convulsions

Second (Immediate), Paralysis of Brain

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 4th

*Undertaker,* Geo Schilling

*Place of Business,* Fulton Square

Robert Jad ... *M. D.*
Medical Attendant.

*Address,* 251 Lemmon St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86313 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

C

*Date of Death,* 20. September 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Heyer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 10 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime.

*Place of Death,* {Give Street and Number.} S. Durham street 227.

*Cause of Death,* First (Primary), Malaria. Typhosa

Second (Immediate),

*Duration of Last Sickness,* 5. days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 4 Sept 1885

*Undertaker,* John L. Schuh

*Place of Business,* 165 Aliceanna *Address,* S. Wolfe & 117.

William Heyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8631 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Grafe

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 11 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower.~~* {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 55 Paca St Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 55 Paca St.

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Years

All the above Information should be furnished by the Physician.

*Place of Burial,* ~~Baltimore~~ Cemetery

*Date of Burial,* September 4th 1885

*Undertaker,* Th. Seewald

*Place of Business,* 35 S Eutaw St *Address,* 76 S Paca St

T. Hourey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86315 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hawes

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 60 *Years,* *Months,* *Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give Street and Number.} No 221 E Lombard St

*Cause of Death,* First (Primary), [illegible]

Second (Immediate), Bronchitis

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 3rd 1885

*Undertaker,* Geo W Mitchell

*Place of Business,* S. Broadway *Address,*

*M. D.*
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of ...

# Health Department, City of Baltimore.

Permit No. 86316

## Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 95

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Ryan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months.* *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 173 Lemmon St

*Cause of Death,* First (Primary), Septicemia

Second (Immediate),

*Duration of Last Sickness,* About 3 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept 4th 95

*Undertaker,* Matthew Galvin

*Place of Business,* 22 Hamburg St

H L Thom M. D.
Medical Attendant.

*Address,* 367 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8317 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Mooney

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} not known

*Occupation,* not known

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} not known

*Duration of Residence in the City of Baltimore,* Not known

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Bright's Dis.

Second (Immediate), Chronic Intoxication

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cem'y

*Date of Burial,* Sept 2nd 1885

*Undertaker,* Geo. Ruediat

*Place of Business,* Forrest Place *Address,* City Hospital

T. C. Brenner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86318 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wells

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 1 month

*Place of Death,* {Give Street and Number.} 66 Frankstown St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis Md

*Date of Burial,* Sept 4 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Can Wash St

W S Burke M. D.
Medical Attendant.

*Address,* 216 Druid Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3862 Transcribed - [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86319 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 3 1885

BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* September 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Hannemann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 240 Hanburg St.

*Cause of Death,* First (Primary),

Second (Immediate), Bronchitis Infantum

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Loudon Park~~ Cemetery Loudonpark

*Date of Burial,* Sept. 3rd 1885

*Undertaker,* Ernest Hahlbaum

*Place of Business.* 181 Shard ½ *Address.* 152 Shard St

R. J. H. Tall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86320 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry C. Wolfe

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} N. Carolina

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give Street and Number.} # 106 S Shore

*Cause of Death,* First (Primary),

Second (Immediate), Hypertrophy of Heart Consumption

*Duration of Last Sickness,* 6 Months

All the above Information should be furnished by the Physician.

*Place of Burial* Mount Olivet

*Date of Burial,* Sept 3 / 85

*Undertaker,* Wm S Martin

*Place of Business,* 16 S Howard St

*By* Howard Bayne M. D.
Medical Attendant.

*Address,* 116 S Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention ...

# Health Department, City of Baltimore.

Permit No. 86321 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 3 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Burn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* ... *Months.* ... *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 6 years.

*Place of Death,* {Give Street and Number.} 21 Scott st

*Cause of Death,* First (Primary), ...

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St peters

*Date of Burial,* Sept 7th

*Undertaker,* John J Bowan

*Place of Business,* 89 Hollins

D. L. Shiu M. D.
Medical Attendant.

*Address,* 304 W. Lombard st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of [illegible] of this C[illegible]

# Health Department, City of Baltimore.

Permit No. 86322 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Flynn

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months.* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* 20 Days

*Place of Death,* {Give Street and Number.} 571 Saratoga St.

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate),

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem.

*Date of Burial,* Sept 3/85

*Undertaker,* B. Cook.

*Place of Business,* 707 W. Balto St *Address,* 584 W Fayette St.

J. G. Lauthenum M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] of This Certificate.

# Health Department, City of Baltimore.

Permit No. 86323 *Office of Registrar of Vital Statistics.* Ward 13 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Beck

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 9 *Days*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 514 W Pratt St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 7 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Sept 4/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto

H. H. Weber M. D.
Medical Attendant.

*Address,* 298 N. Howard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore,

Permit No. 8634 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sabbath 2d.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Reckman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 3 *Months,* 10 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 188 Lemmon st

*Cause of Death.* First (Primary), Diphtheria

Second (Immediate), asthenia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto cemetery

*Date of Burial,* September 4 1885

*Undertaker* T. H. Loane

*Place of Business,* 612 W. Balto

R Patterson M. D.
Medical Attendant.

*Address* 254 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86345 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2nd. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harvey Schreer.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 502 Penna ave

*Cause of Death,* First (Primary), Malignent Diphtheria

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Wash. Cem. Dec'd

*Date of Burial,* Aug. 3, 1885

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle *Address,*

T. Rickert M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

~~383 Fremont~~

The Special Attention of Physicians is respectfully invited to the ... of this

# Health Department, City of Baltimore.

Permit No. 86326 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1885 BALTIMORE, MD.

C

*Date of Death,* Sept 20 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Macready

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* ... *Months,* ... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 21 years

*Place of Death,* {Give Street and Number.} 99 S. Durham St

*Cause of Death,* First (Primary), Childbirth Hydrocephalic child Head retained Craniotomy

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 4 1885

*Undertaker,* J. J. Locke

*Place of Business,* 73 Jefferson st *Address,* 1962 Baltimore

Wm A. Hill M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention [illegible]

# Health Department, City of Baltimore.

Permit No. 8637 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Hinson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* ..... *Months.* ..... *Days*

*Color,* colored

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give Street and Number.} Mulberry near

*Cause of Death,* First (Primary), Sudden death of

Second (Immediate), Heart disease

*Duration of Last Sickness,* about half hour

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 3 1883

*Undertaker,* William Mounger

*Place of Business,* 62 East st

Wm A. Jones M. D.
Medical Attendant.
Coroner

*Address,* 326 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of [illegible]

# Health Department, City of Baltimore.

Permit No. 86328 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Saulsbee

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} 25 King al-

*Cause of Death,* First (Primary), Effects of a pistol shot

Second (Immediate), fired from the hand of [illegible]

*Duration of Last Sickness,* Died instantly

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Sept 3rd

*Undertaker,* John F Bowen

*Place of Business,* 89 Hollins St

Wm A. Jones M. D.

Coroner ~~Medical Attendant.~~

*Address,* 326 Hollins St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of ...

# Health Department, City of Baltimore.

Permit No. 86329 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 3 1885

BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Meier

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 295 Mt Donough' St

*Cause of Death,* First (Primary),

Second (Immediate), Spinal Meningitis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept 4th 1885

*Undertaker,* Adam Fink & Son

*Place of Business,* 461 N. Gay St

Silas N. Houston M. D.
Medical Attendant.

Address, 36 Greenmount Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 81330 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. SEP 3 18

# CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1895.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dashiell

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 234 Chew St

*Cause of Death,* First (Primary),

Second (Immediate), Consumption, & Old age,

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls cem

*Date of Burial,* Sept 4th 95

*Undertaker,* J. B. Saunders Jr

*Place of Business,* 252 Chew St

Nicholas L. Dashiell M. D.
Medical Attendant.

*Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8633 / *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPT. SEP 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robertia Burley

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 20 years, *Years,* Four *Months.* Twenty four *Days*

*Color,* Colored

*Married,* ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* General household duties

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} #88 St. Paul St. Baltimore Md

*Cause of Death,* First (Primary), Peritonitis (accidental)

Second (Immediate), Extensive Peritonitis causing Collapse

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* S. Peters Cemetery

*Date of Burial,* September 4th

*Undertaker,* H A Bishop & Co

*Place of Business,* 97 Druid Hill

E. A. Thomas M. D.
Medical Attendant.

*Address,* Baltimore Md.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86332 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 2 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hebner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 68 Oxford st

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* Sometime - (I have not seen him for 6 weeks)

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* Sept 6th 1885

*Undertaker,* S. Wiegand

*Place of Business,* 116 Lind Ave *Address,* 55 N Green st

W. F. Kemp M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86333 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 2, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McMillan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* 3 *Months,* *Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give Street and Number.} [illegible]

*Cause of Death,* First (Primary), [illegible]

Second (Immediate), [illegible]

*Duration of Last Sickness,* [illegible]

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem.

*Date of Burial,* Sept 4th '85

*Undertaker,* E. Frame

*Place of Business,* Bank & Wolfe *Address,*

[illegible] M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86337 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunda Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 301 N. Dallas St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Sept 4th 1885

*Undertaker,* Adam Stink

*Place of Business,* 461 N. Gay St *Address,* 303 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86335 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Seeburger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 6 *Days*

*Color,* White

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 165 N. Front St.

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Sept 4th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* #415 N. Gay St. *Address,* City Hospital

Frank C. Bressler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention o...

# Health Department, City of Baltimore.

Permit No. 86336 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1895 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Elizabeth Dorsett

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 13 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life time

*Place of Death,* {Give Street and Number.} 404 N. Calhoun St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 4th/95.

*Undertaker,* S. M. Leonard Son

*Place of Business,* 732 W Balto Address,

A. Richard M. D.

Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Requested to this Certificate.

# Health Department, City of Baltimore.

Permit No. 8633 7 *Office of Registrar of Vital Statistics.* Ward 16"

HEALTH DEPARTMENT SEP 4 1895 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 2d September, 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Neuberth.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* 52 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married.

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hanover, Germany.

*Duration of Residence in the City of Baltimore.* 40 Years

*Place of Death,* {Give Street and Number.} 322 Barre St.

*Cause of Death,* First (Primary), Inflam'n of Liver.

Second (Immediate), Abscess of Liver

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphons C.

*Date of Burial,* Septemb 5

*Undertaker,* B Hasle

*Place of Business,* 8 West St

N. W. Littell, M. D.
Medical Attendant.

*Address,* Fremont & Fayette Sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86338

*Office of Registrar of Vital Statistics.*

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wm Leimbach

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* 11 *Months,* 21 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 yrs.

*Place of Death,* {Give Street and Number.} 25 Poultney St.

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park, ~~C~~

*Date of Burial,* September 6

*Undertaker,* B Hank

*Place of Business,* 42 West St

Robert S. Lowe M. D.
Medical Attendant.

*Address,* 333 Light St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86339 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 9 3 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Thos. Woods

*Sex, Male or Female,* { Cross out the word not required in this line. } M

*Age,* 3 *Years,* ..... *Months,* ..... *Days*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } S

*Occupation,* .....

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Md. Thicket Road

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give Street and Number. } 57 & Thicket St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Sept 5th 1885

*Undertaker,* Jos. R. Cook

*Place of Business,* 1607 Pres Balto *Address,* .....

L L Collins M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86340 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 4 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Clinton Schultz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 2 *Months,* ..... 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 528 W Lombard St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet cemetery

*Date of Burial,* Sept 4th 1885

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Baltimore St *Address,* 319 N Gilmor St

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86341 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Turnbach

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 72 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Grocer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give Street and Number.} 51 So. Bond Street

*Cause of Death,* First (Primary), Renal - Pneumonia

Second (Immediate), Apnoea - Heart Paralysis

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Sept 6th 1885

*Undertaker,* Wendell Bond Gus L. Mitchell M. D.

Medical Attendant.

*Place of Business,* 151 S. Bond St *Address,* 51 So. Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86342 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Harris

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Moulder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* 18

*Place of Death,* {Give Street and Number.} 366 W. Lombard St.

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Sept 5th 1885

*Undertaker,* Emmert & Thomas

*Place of Business,* 320 W. Fayette st

R. W. & P. Edes M. D.

Medical Attendant.

*Address,* 313 Light St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86343 *Office of Registrar of Vital Statistics,* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Thiefs

*~~Sex~~, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 600 N Chapel St

*Cause of Death,* First (Primary), Malaria (Remittent fever)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sep 5 1885

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St *Address,* 133 N Eutaw St

J. W. Chambers *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86347 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kerr

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 1/2 *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* {Give Street and Number.} 100 Ridgely St

*Cause of Death,* First (Primary), Diphtheritic

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 4 1885

*Undertaker,* Ernst & Schumacher

*Place of Business,* [illegible] *Address,* [illegible]

Wm Goetz M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 86345 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. Vansant

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* ... *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 35 Greenmount Ave

*Cause of Death,* First (Primary), Puerperal Epistemia,

Second (Immediate), Exhaustion, ~~One Week~~

*Duration of Last Sickness,* ~~It~~ One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 4th

*Undertaker,* H. C. Niedfeld

*Place of Business,* 9a Greenmount Ave *Address,* Chas St & Forest Place

Wilmer Dunlow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully [illegible] of this [illegible]

# Health Department, City of Baltimore.

Permit No. 86346 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3rd. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mehling

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} Widower

*Occupation,* Blacksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 47 yrs

*Place of Death,* {Give Street and Number.} 341 Mulberry St

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Cf. Alphonsus

*Date of Burial,* Sept 5 1885

*Undertaker,* M. Brogan

*Place of Business,* 277 Mulberry St

Chas. H. Davis M. D.
Medical Attendant.

*Address,* 226 Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 86347 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four ~~hours after the death~~* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 3d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant, not named, give names of parents.} August C Schmeck

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} No 34 E Biddle st near Mun

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 4th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Ave

L O Winternitz M. D.
Medical Attendant.

*Address,* 12 S. Eden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth so far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 81348 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* 3 September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabetta Anna Steinmeyer

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ... *Years,* 4 *Months,* 11 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 85 S. Sharp Street

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Weakness

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Church Cemetery

*Date of Burial,* 5 September 1885

*Undertaker,* H. & J. Leimbach

*Place of Business,* 211 W. Pratt St

Dr F Reinhard M. D.
Medical Attendant.

*Address,* 211 N. Howard Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ction of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86349 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Bruhn

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 19 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give Street and Number} No. [illegible] Bradford Alley

*Cause of Death,* First (Primary), [illegible]

Second (Immediate), Phthisis

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Sept 3rd 1885

*Undertaker,* Wm. Fulton M. D.

Medical Attendant.

*Place of Business,* 787 Aisquith St. *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...n of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore.

Permit No. 86350 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Timms

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 85 *Years,* *Months,* *Days,*

*Color,* Negro

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} V

*Occupation* Domestic

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* About 35 Years

*Place of Death,* {Give street and Number.} 49 Jefferson St

*Cause of Death,* First (Primary),

Second (Immediate), Old age

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lemel Cemetery

*Date of Burial,* Sept 4th 1885

*Undertaker* J. Lok

*Place of Business,* 473 Jefferson St *Address,* Bway & Baltimore

J. B. Schwatka M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ation of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Health Department, City of Baltimore.

Permit No. 8635 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Fox

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 46 Years

*Place of Death,* {Give Street and Number.} 4 Swann St

*Cause of Death,* First (Primary), Chronic Rheumatism

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Sept 6 1885

*Undertaker,* Jas P Byrne

*Place of Business,* 63 N Front St *Address,* 171 N Eden St

Geo B Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...tion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 86352 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 4, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan A. Ulrich

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* ... *Months.* 2 4 *Days*

*Color,* W

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 21 Years

*Place of Death,* {Give Street and Number.} 103 Gough St.

*Cause of Death,* First (Primary), ...

Second (Immediate), Epithelioma of the Uterus

*Duration of Last Sickness,* 11 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 6th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway Address, 359 Barre St.

J. Tyler Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ion of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this...

# Health Department, City of Baltimore.

Permit No. 86353 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. SEP 4 1885

## CERTIFICATE OF DEATH.

*Date of Death,* September 4th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Engelman Engelman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 11 *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 379 Orleans

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Sept. 5th 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 15 E. Fayette

F. F. Mayer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY ▲ FILM

# Health Department, City of Baltimore.

Permit No. 86357 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vinton Williams

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 1 Months, 24 Days

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 913 Barre St.

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 months.

All the above Information should be furnished by the Physician.

*Place of Burial,* Wyburn Cemetery

*Date of Burial,* Sept 4th 1885

*Undertaker,* Wm J Tickner

*Place of Business,* 655 Eutaw St *Address,* 31 N Gilmor St

A L C Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ntion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this (...

# Health Department, City of Baltimore.

Permit No. 86353 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* September 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Hitzel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 30 *Years,* 10 *Months,* 25 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 64 Barre St

*Cause of Death,* First (Primary), Typhoid - Malaria

Second (Immediate), Prostration

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* September 6th

*Undertaker,* Wm. J. Tiefner

*Place of Business,* 66 S. Eutaw St

C. L. Buddenbohn M. D. Medical Attendant.

*Address,* 116 S. Paca St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore.

Permit No. 86356 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the prompt filing of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John F Riggs

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 1 *Months,* 3 *Days,*

*Color,* White

*~~Married, Single,~~ Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 447 Druid Hill Avenue

*Cause of Death.* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* Two Weeks

the above information should be furnished by the Physician

*Place of Burial,* New Cathedral Cy

*Date of Burial,* Sept 4th 1885

*Undertaker* STEWART & MOWEN UNDERTAKERS, *Place of Business,* 86 Park Ave. Address,

A Flood M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ntion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of ...

# Health Department, City of Baltimore.

Permit No. 8635 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellis Jane Welch

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* 7 *Months.* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 388. E Madison St

*Cause of Death,* First (Primary) Hy Puerperal State

Second (Immediate), Metritis

*Duration of Last Sickness,* Eight (8) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green mount Cemetery

*Date of Burial,* Sept 6 1885

*Undertaker,* John Lake

*Place of Business,* 201 E Balto St

S W Slemons M.D.
Medical Attendant.

Address, 1 E Eager St

Sept 5th 1885

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...tion of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of...

# Board of Health, City of Baltimore,

Permit No. 86358 *Office of Registrar of Vital Statistics.* Ward 11"4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Matthews

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 14 *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} 89 Morris al.

*Cause of death,* First, (Primary,)

Second, (Immediate,) Exanition

*Duration of Last Sickness,* During Life.

All the above information should be furnished by the Physician.

*Place of Burial,* North St.

*Date of Burial,* Sept 6th 1885

*Undertaker,* Peter Kent Son

*Place of Business,* N Eutaw St

O Edw Janney M. D.,
Medical Attendant.

*Address,* 242 N Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ntion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore,

Permit No. 86359 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* September 3, 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Dominic

*Sex, Male or Female,* { Cross out the word not required in this line. } Male.

*Age,* 75 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married.

*Occupation* Clerk.

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } No. 519 Eighth Street.

*Cause of Death,* First (Primary), Unknown. (Dr. Rantin & myself saw him only a few minutes before death, and were told he was suffering from softening of the brain) pronounced such by previous medical attendant

Second (Immediate),

*Duration of Last Sickness,* Don't Know

the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 6th 1885

*Undertaker* Henry Hoeck

*Place of Business,* 409 N Central Ave

Geo. R. Elwell M. D.
Medical Attendant.

*Address,* 519 Hanford ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...tion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86360 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 4th of September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Schmieke

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 81 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hessen Darmstadt Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} Old people's home of Little Sisters of the Poor 407 W Baltimore Street

*Cause of Death,* First (Primary), Old age

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 5 September 1885

*Undertaker,* J R Cook

*Place of Business,* 707 W Baltimore St Address, 211 N Howard St

..... M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 86361

...ention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86361 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

SEP 5 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John St. Crawford

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} Heath & Obrien Sts

*Cause of Death,* First (Primary), Cholera Infantum & Whooping Cough

Second (Immediate), Inflammation

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laudenbach Cem

*Date of Burial,* Sept 6th 1885

*Undertaker,* Julius Rockhorst

*Place of Business,* Sharp & Hill *Address,* 14 W Lombard St

Thos Ford Bates M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86362 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 3d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Smittko

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} Sanfairs Wharf foot of Broadway

*Cause of Death,* First (Primary), Accidental Drowning

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* Sept 5th 1885

*Undertaker,* Fred Eade

*Place of Business,* 21 & Bard Sts Address 110 E's South

Hall Rullich M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ction of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 86363 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Anna Dorsey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 40 *Years,* *Months,* *Days,*

*Color,* C

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Nursing

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} No 11 Hunt St.

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 6 1885

*Undertaker* Wm Wadden

*Place of Business,* 46 Fort [redacted]

Thomas J Sims M. D.
Medical Attendant.

*Address,* 242 N. Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ysicians is respectfully ...

# Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 86364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 3. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Jane Kirwan

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 62 *Years,* 11 *Months,* 20 *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 45 yrs.

*Place of Death,* {Give street and number} 189 N. Carey St.

*Cause of Death,* First, (Primary.) Leucocythaemia.

Second, (Immediate.)

*Duration of last Sickness,* Probably 10 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem.

*Date of Burial,* Sept 6th 1885

*Undertaker,* Emory & Mitchell

*Place of Business,* 530 W. Fayette St.

John T. King M. D.
Medical Attendant.

*Address,* 215 N. Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...n of Physicians is Respectfully Invited to the Remarks below, and to List on Reverse Side of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8365 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 4 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Auliq

*Sex,* ~~*Male or Female*~~, {Cross out the word not required in this line.} Male

*Age,* 28 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Potter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 265 E Lombard

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

*Duration of Last Sickness,* about 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas am

*Date of Burial,* Sep. Thu 6

*Undertaker,* W. Blatchamp Jr

*Place of Business,* 253 E. Lombard St

F. Glover M. D.
Medical Attendant.

*Address,* 1, S, Eutaw

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...n of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86366 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jane Stowell

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give street and Number.} 154 Pennsylvania Ave.,

*Cause of Death,* First, (Primary,) Cancer of the Womb,

Second, (Immediate,) " "

*Duration of Last Sickness,* About six months,

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept. 5th 1885

*Undertaker,* H. A. Daiger

*Place of Business,* 74 E. Bway. *Address,* 1415 E. Baltimore

L. C. Otte, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Physicians is Respectfully invited to the ... ...er this certificate.

# Health Department, City of Baltimore.

Permit No. 86367 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome L. Brady

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 1 *Months* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 305 Mosher St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept 6th 1885

*Undertaker,* S. M. Leonard & Son

*Place of Business,* 782 W. Baltimore

W. R. McShane M. D.
Medical Attendant.

*Address,* 502 N. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is Respectfully Invited to the ... of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86368 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 3 Sept. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Elizabeth Smith

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 3½ *Months.* — *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 170 Donnell st. Canton.

*Cause of Death,* First (Primary), Rodent Ulcer of Nose.

Second (Immediate), Acute Septicaemia from Purulent absorption.

*Duration of Last Sickness,* Of Ulcer 9 months; of Septicaemia, Last 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Cemetery Canton

*Date of Burial,* Sept. 5. 1885

*Undertaker,* H. Saunderson

*Place of Business,* 232 Canton Ave

B. F. Leonard M. D.
Medical Attendant.

*Address,* 314 E Bute st.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ntion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 6369 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Nancy & Nathan Bard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 7 *Days*

*Color,* Col

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 5 Bethel Court

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 5/85

*Undertaker,* H Poir

*Place of Business,* Conway

*Address,* Conway bet R

M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E Brown Sanitarian

...ion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86370 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Conner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 58 *Years,* 9 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 458 Lexington St

*Cause of Death,* First (Primary), Diarhoea

Second (Immediate), Asthenia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount cem

*Date of Burial,* Sept 7th/85

*Undertaker,* Jos B Court

*Place of Business,* 707 N Balto St

W. F. A. Kemp M. D.
Medical Attendant.

*Address,* 56 N Gay St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...n of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 8637 / *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. SEP 5 1885

B

## CERTIFICATE OF DEATH.

*Date of Death,* 4th September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hunkel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 25 *Years,* ..... *Months.* ..... *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No. 1 Patapsco av

*Cause of Death,* First (Primary), Pleuro-Pneumonia et Abortion

Second (Immediate), Puerperal metro.=Peritonitis

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street

*Date of Burial,* Sept 6 1885

*Undertaker,* Hercules Rus

*Place of Business,* 95 Lan W. St

L. D. Lyles M. D.
Medical Attendant.

Address, 146 Hill St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...tion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86372 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Andrews

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* 20 *Days*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md-a

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 4 Gilbert-st

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 6 1885

*Undertaker,* C. H. Dunagan

*Place of Business,*

Thomas A Steuart M. D.

*Address,* Court & 6th R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo E Brown
Secretary Board of Health

...on of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Permit.

# Health Department, City of Baltimore.

Permit No. 86373 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sep. 5, 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Duck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months.* 7 *Days*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 92 E. Biddle near Wolfe

*Cause of Death,* First (Primary), Mother has Intermittent Fever

Second (Immediate), Badly nourished

*Duration of Last Sickness,* 7 d

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* 6 Sep

*Undertaker,* J. Crach & Co

*Place of Business,* 249 N. Charles *Address,* Chase & Broadway

W. H. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore.

Permit No. 8637 / *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} August Wentz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 / *Months,* ..... *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 76 Baker's ct.

*Cause of Death,* First (Primary), ~~Epilepsy~~

Second (Immediate), Measles and Pertussis

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park

*Date of Burial,* Sept 6 the

*Undertaker* Andreas Rohde

*Place of Business,* 48 Penna Ave

O. Edw Lamey M. D.
Medical Attendant.

*Address,* 58 N. Green

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the ...n be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and ...eath, except in cases of births and deaths of illegitimate children.

[OVER.]

...on of Physicians is Respectfully Invited to the ...marks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore.

Permit No. 8635 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Hawkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* ... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} rear 18 Barnes alley

*Cause of Death,* First (Primary), ...

Second (Immediate), Convulsions

*Duration of Last Sickness,* about 3 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Forest cemetery

*Date of Burial,* Sept 7 1885

*Undertaker,* William Aberger

*Place of Business,* 62 East St

Thos ... M. D.
Medical Attendant.

*Address,* 290 N Chas St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...tion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86376 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 5 1885 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Blocklitzer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* — *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 96 Russell St

*Cause of Death,* First (Primary), Tuberculous Meningitis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 6 1885

*Undertaker,* Hercules Corr

*Place of Business,* 94 E Lexington St *Address,* Baltimore Md

T. W. Clute M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained;* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

# Board of Health, City of Baltimore,

**Permit No.** 8637 *Office of Registrar of Vital Statistics.* **Ward** 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos. L. Coakley Coakley

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 2 *Months,* — *Days,*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* { Cross out the word not required in this line. }

*~~Occupation~~*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } # 89 William St

*Cause of Death,* First (Primary), Cholera

Second (Immediate), Hydrocephalus

*Duration of Last Sickness,* 4 days

the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 6

Wm. F. Dorsey M. D.
Medical Attendant.

*Undertaker* Hinkley & Dorsey

*Place of Business,* N E 63 Light *Address,* 89 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 86378 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick H. Parkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 10 *Years,* 1 *Months* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} N.E. Cor Washington Ave & Eden Sts

*Cause of Death,* First (Primary), Diphtheritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* One (1) week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* September 6th

*Undertaker,* N. Dippel

*Place of Business,* 151 S. Bond St

Address, 60 Eden

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 8637 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Douglass

HEALTH DEPARTMENT SEP 1885 BALTIMORE

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Years, ..... 9 Months, ..... Days

*Color,* ...

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} East.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 400 West St.

*Cause of Death,* First (Primary), ...

Second (Immediate), Marasmus

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 7 1885

*Undertaker,* Hercules Bros

*Place of Business,* 95 Con Pkt St

R. M. Hall M. D.
Medical Attendant.

*Address,* 262 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...n of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 86380 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 5 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 4 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav Fuchs

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 6 *Months,* 17 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 1 year & Months

*Place of Death,* {Give Street and Number.} 1405 S Spring St.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Emanuel B Ch.

*Date of Burial,* Sept. 6 /85

*Undertaker,* Michael Funk

*Place of Business,* No 95 Bank

F. F. Moyer M. D.
Medical Attendant.

*Address,* 1. S. Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...tion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 86381 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert L. Wachter

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE

*Age,* — *Years,* — *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* 6 days

*Place of Death,* {Give Street and Number.} 53 Portland St.

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), " "

*Duration of Last Sickness,* 6 "

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 7th 1885

Chas J Beel M. D.

Medical Attendant.

*Undertaker,* Geo. Leimbach

*Place of Business,* 384 W Pratt St. *Address,* 16 E Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

No. 86382 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Agnes Bantley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* 5 *Months,* 22 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 5 Y.

*Place of Death,* {Give Streot and Number.} 769 Pacas

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 7th 1885

*Undertaker,* Jos R Cook

*Place of Business,* No 70 W Baltimore St

Jno D Blake M. D.
Medical Attendant.

*Address.* 158 Pacas

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86383 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Nellinger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 11 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 100 Washington ave

*Cause of Death,* First (Primary), Spasm

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Sep 7th 1885

*Undertaker,* Jos B Cook

*Place of Business,* 1707 n Baltimore *Address,* 662 Paca st

C. L. Burkhardt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86384 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. & Martha Jackson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 2 *Days*

*Color,* Colored

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 192 Hamilton St

*Cause of Death,* First (Primary),

Second (Immediate), Premature Birth

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Sept 7/85

*Undertaker,* Gross

*Place of Business,* 95 Penny

Chas A Stein M. D.
Medical Attendant

Address 1 Bunker Hill

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

McRoberts Court, Insp

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86385 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 3 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Kelly

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days*

*Color,* W

*Married,* *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 89 Hughes

*Cause of Death,* First (Primary), Acute Rheumatism

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Sept 7th 1885

*Undertaker,* C. F. Krauss & Son

*Place of Business,* 209 Hanover

H W Webster M. D.
Medical Attendant.

*Address,* 101 Barre

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86386 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Hall

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* What 25 *Years,* ..... *Months.* ..... *Days*

*Color,* What

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ——

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} No. 11 Harrison St.

*Cause of Death,* First (Primary), Suffocation Caused

Second (Immediate), by a ceiling falling upon him

*Duration of Last Sickness,* Instant — death

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept 7 1885

*Undertaker,* W. F. Schaefer. Alexander Hill, M. D.

Medical Attendant.

*Place of Business,* 3, 3 Front St Address Coroner Central Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86387 *Office of Registrar of Vital Statistics.* Ward 4th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4-1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Leo Lowe

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 711 S. Exeter St.

*Cause of Death,* First (Primary), Catarrhal Pneumonia

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Fifteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Rood Cem

*Date of Burial,* Sept 6 1885.

*Undertaker,* Henry McGinnis

*Place of Business,* 9 N. Central Av. *Address,* 372 E. Balt. St.

E. E. Luke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86388 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Connor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 42 years

*Place of Death,* {Give Street and Number.} 396 Hanover St.

*Cause of Death,* First (Primary),

Second (Immediate), Cancer of Stomach

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's Cemetery

*Date of Burial,* Sept 6th 1885

*Undertaker,* Daniel Flynn

*Place of Business,* 169 West St *Address,* 15 Church

P. J. [illegible] M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86389 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 1885 BALTIMORE

*Date of Death,* Sept. 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Hennessy

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 39 South Exeter St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonum

Second, (Immediate,)

*Duration of Last Sickness,* 2 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* Sept 7 1885

*Undertaker,* James P Byrne

*Place of Business,* No 68 N Front St

Chas. T. Reilly M. D., Medical Attendant.

39 E Monument Address.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86390 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Parlett

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

*Duration of Residence in the City of Baltimore,* 14 Years,

*Place of Death,* {Give Street and Number.} 128 N Eutaw St.

*Cause of Death,* First (Primary), Septic Peritonitis following Labor

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 Days,

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick cemetery

*Date of Burial,* Sept 6th 1885

*Undertaker,* James O Byrne.

*Place of Business,* No 65 N Front St *Address,* 133 N Eutaw St

F. F. Chambers M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8639 / *Office of Registrar of Vital Statistics.* Ward 9 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* About Sept. 5 — 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* About 8 *Days*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* found

*Place of Death,* {Give Street and Number.} Don't Know — was in a basket by Off. McGee on Lexington Alley near Pleasant St.

*Cause of Death,* First (Primary), Acute Pneumonitis

Second (Immediate), Ey hanglion

*Duration of Last Sickness,* Don't know

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto Cemetery

*Date of Burial,* Sept 6 / 1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Forest Place

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the ...

# Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

C

## CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Jones Finks

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 8 *Months,* 27 *Days.*

*Color,* Mulatto *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Richmond Va

*Duration of Residence in the City of Baltimore,* Five Years

*Place of Death,* {Give street and number.} 86 Richmond Street.

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Richmond. Va.

*Date of Burial,* Sept. 7th 1885

*Undertaker,* Wm. Weaver

*Place of Business,* 202 N. Eutaw *Address*

Wm Green M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86393 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1885 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 3d Sept 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Paul

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 8 *Months,* 0 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 295 Myrtle Ave

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 295 Myrtle Ave.

*Cause of Death,* First, (Primary,) Brain congestion, co-existence of teething

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 7th 85

*Undertaker,* Wm Weaver

*Place of Business,* 20 N Eutaw

D D Wellmon M. D.,
Medical Attendant.

*Address,* 120 Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8394 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 6 1885 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Annie Davis

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 18 of a *Days*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 40 Vincent Alley

*Cause of Death,* First (Primary),

Second (Immediate), Premature Birth

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Sep 6th 1885

*Undertaker,* Wm Young

*Place of Business,*

Thos A Shinn M. D.
Attending Physician.

*Address,* Eutaw near R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Mc Roberts Saint Inst

No. 12373

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86395 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 5th. September 1895.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maryjane Andresohan

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Gnesen, Prussia, Germany

*Duration of Residence in the City of Baltimore,* 5 years.

*Place of Death,* {Give Street and Number.} Fellstreet 26.

*Cause of Death,* First (Primary), Hydrothorax and Hydropericardium

Second (Immediate),

*Duration of Last Sickness,* 7 months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* Sept 7th 95

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts

William Herrel M. D.
Medical Attendant.

Address, S. Wolfe & N.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86396 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT SEP 6 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Sheldon

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* 8 *Months.* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 271 N Dallas St

*Cause of Death,* First (Primary), Necrosis of Tibia

Second (Immediate), General Debility

*Duration of Last Sickness,* one year and six months

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt Cemetery

*Date of Burial,* Sept 8 1885

*Undertaker,* John Wharton

*Place of Business,* Gay & Aisquith Sts

C. Fawcett M. D.
Medical Attendant.

*Address,* 92 Mosher St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8639 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the representation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* September 5. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen A Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 38 *Years,* 1 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 24 W. Eager St

*Cause of Death,* First (Primary), Brights disease (Contracted Kidney)

Second (Immediate), Uraemia

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 7/85

*Undertaker,* H. W. Jenkins & Sons

*Place of Business,* Park & Saratoga *Address,* 55 N Green St

W. P. Atkinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86398 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Louisa Creager

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 15 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 644 S. Charles St.

*Cause of Death,* First (Primary), Gastro-enteritis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Sept 7

*Undertaker,* B. Hurle

*Place of Business,* 42 West St

Robert S. Lowe M. D.
Medical Attendant.

*Address,* 333 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8639 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 7 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 6th. September 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frida Kleinschmidt.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Graudenz, Pruffia, Germany

*Duration of Residence in the City of Baltimore,* 2 months

*Place of Death,* {Give Street and Number.} L. Durham street 303.

*Cause of Death,* First (Primary), } Dysenteria

Second (Immediate), } Convulsiones.

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* Sept 7th

*Undertaker,* Fred Gaede

*Place of Business,* 298 E. Baro[illegible]

William Henkel. M. D.
Medical Attendant

Address, S. Wolfe str. 117.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the accurate [illegible]

# Health Department, City of Baltimore.

Permit No. 86400 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPT. SEP 7 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Leutrick

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 315 Fort ave

*Cause of Death,* First (Primary), Hemiplegia

Second (Immediate),

*Duration of Last Sickness,* 8 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* September 7

*Undertaker,* J. Heael

*Place of Business,* [illegible]

C. A. Cooke M. D.
Medical Attendant.

*Address,* 210 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86401 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Trefmon

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* ..... *Months,* ..... *Days* 1

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Employee B&O R.R. Co.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give Street and Number.} 222 Courtrie St

*Cause of Death,* First (Primary) Accidentally Struck & run over by a train of Cars on B&O R.R track - Lobular Print -
Second (Immediate), Injuries Received -

*Duration of Last Sickness,* abt 2 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 7

*Undertaker,* B. Healy

*Place of Business,* 82 West St

Dr. A. Bell ..... M. D.
~~Medical Attendant.~~
Coroner

*Address,* 161 Saratoga St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over.}

# Health Department, City of Baltimore.

Permit No. 86402 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* 5th Sept 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Schauspiel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 18 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 42½ Johnson st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 7th

*Undertaker,* B. Harle

*Place of Business,* No 82 West st Address, 101 Bannen

S. W. Noble Jr. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 86403 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Ethelon 5th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria L. Stewart

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months.* *Days.*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Calvert County. Maryland

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give street and Number.} # 226 Bethune St

*Cause of Death,* First (Primary), Acute Pulmonary Phthisis.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St

*Date of Burial,* Sept 7th 1885

*Undertaker* Alex Hensley

*Place of Business,* 11 Orchard

Wm. L. Luck. M. D.
Medical Attendant.

Address 6 Argyle Ave Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12 M

*Permit No.* 86404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stevenson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Over 100 *Years,* *Months,* *Days.*

*Color,* ed *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* General Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Montgomery Co, Md

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give street and number.} No 10 Bolton Alley

*Cause of Death,* First (Primary,) Old Age & Diarrhea

Second (Immediate,) Debility

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* 8th 7th 1885

J. W. Glocker M. D.
Medical Attendant.

*Undertaker,* Alex Wemsley

*Place of Business,* 116 Orchard *Address* No 94 Division St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited To the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86405 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. SEP 7 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Matthews

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 17 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 89 Moore's alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Inanition & Diarrhea

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St cemetery

*Date of Burial,* Sept 7 1885

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard *Address,* 242 W. Eutaw pl

H. Ewd Jenney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 86406 "Office of Registrar of Vital Statistics. Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5. 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Hush.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 27 *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and Number.} 28 Frederick avenue

*Cause of Death,* First, (Primary,) Summer Complaint

Second, (Immediate,)

*Duration of Last Sickness,* 2 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* September 7/85

*Undertaker,* John S Pauly

*Place of Business,* 66 Frederick Ave.

J. M. Wright M. D., Medical Attendant

Address 221 N. Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 86407

*Office of Registrar of Vital Statistics.*

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cruchman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 74 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 52 Years.

*Place of Death,* {Give Street and Number.} 361 E. Fayette St.

*Cause of Death,* First (Primary), Chronic Gastritis

Second (Immediate), Diarrhoea & Exhaustion

*Duration of Last Sickness,* Two weeks Six Three Years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Septem 7 1885

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St

E. P. Evans M. D.
Medical Attendant.

*Address,* 375 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86408 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6—1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. L. Batchelor

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* — *Months.* — *Days*

*Color,* Wht.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} √

*Occupation,* None Special

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} N.E. Cor. Balto. & Frederick

*Cause of Death,* First (Primary), Suicide from laudanum

Second (Immediate),

*Duration of Last Sickness,* About 8 hours—no physician in attendance

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept. 7th 1885

*Undertaker,* Henry W. Inlow

*Place of Business,* 46 N. Gay St

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, prior to use of Blanks on this Certificate.

# Health Department, City of Baltimore.

Permit No. 86469 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline V. Holmes

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 39 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} M.

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 409 N. Gay St

*Cause of Death,* First (Primary), Nervous Exhaustion.

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 2 yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem

*Date of Burial,* Sept 9.

*Undertaker,* Adam Fink

*Place of Business,* N. Gay St

H. T. Reynolds M. D.
Medical Attendant.

*Address,* 181 Aisquith St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sep 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lettie V. Bond Bell

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 10 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Child

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore ✓

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 358 W. Lombard St.

*Cause of Death* {First, (Primary,) Whooping Cough

{Second, (Immediate,)

*Duration of last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* Tuesday Sept 8th/85 C. C. Richardson M. D.
Medical Attendant.

*Undertaker,* John N. McCoy

*Place of Business* 222 W. Fayette St *Address,* Lombard & Fremont 93

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8641 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Bonds

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* ——— *Months,* 2 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 5 Jefferson St. Court

*Cause of Death,* First (Primary), Anemia

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 7th 1885

*Undertaker,* Chas. Butler

*Place of Business,* 1322 Caroline

Francis N. Sauer M. D.
Medical Attendant.

*Address,* 205 N. Central Ave

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86414 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Plimmer Jr. Son of Alfred Gross Jr.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* About 25 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Steward

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

*Duration of Residence in the City of Baltimore,* Six months

*Place of Death,* {Give Street and Number.} Canton Atlantic Wharf foot of Eaton St

*Cause of Death,* First (Primary), Accidentally Drowned

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cem.

*Date of Burial,* Sept 7/1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Fennel Place *Address,* 48 Ann [illegible]

M. D.

Medical Attendant

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86413 *Office of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6 - 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dinah Crumpton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* yrs.

*Place of Death,* {Give Street and Number.} 153 West St.

*Cause of Death,* First (Primary), Congestion of Brain

Second (Immediate), Apnoea

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cloverdale

*Date of Burial,* Sept 7 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Eas Key St *Address,* 312 Light St

R. H. P. Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3866 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86414 *Office of Registrar of Vital Statistics.* Ward 1 0/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept. 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wartzlauf Shanski

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 1 *Months,* ..... 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 320 Alice Anna St

*Cause of Death,* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* H. Mt. Moriah Cem.

*Date of Burial,* 7 Sept 1885

*Undertaker,* Geo. C. Schuh

*Place of Business,* 765 Allendale

John B. Kelberer M. D.
Medical Attendant.

*Address,* ~~#~~ 320 Alice Anna St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86415 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED SEP 7 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna J Hanna Diffenbach

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* 6 *Days* 27

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 334 Sharp St.

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum & Pneumonia Hasten Magna

*Duration of Last Sickness,* " " 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 8th 1885

R. M. Hall M. D.

Medical Attendant.

*Undertaker,* Julius Kochler

*Place of Business,* Sharp & Cross *Address,* 262 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86416 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Tyler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 54 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 164 E Lombard

*Cause of Death,* First (Primary), Congestive Chills

Second (Immediate), .....

*Duration of Last Sickness,* Since Sept 2nd

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 8 1885

*Undertaker,* W. H. Hickman

*Place of Business,* 2341 Gay St *Address,* 227 E Baltimore St

Jno E Emmitt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully

# Board of Health, City of Baltimore.

Permit No. 86417 *Office of Registrar of Vital Statistics.* Ward 20

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry C. Walter

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* — *Months,* 8 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 338 Westminster St.

*Cause of Death,* First (Primary),

Second (Immediate), Acute Meningitis

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster Md.

*Date of Burial,* Sept 8/85

*Undertaker* Denny & Mitchell

*Place of Business,* 330 W. Fayette

L S Norris M. D.
Medical Attendant.

*Address,* 538 West Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3867 Bancroft [over]

# Health Department, City of Baltimore.

Permit No. 86418 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Hannah Snyder

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 16 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} #10 S. Wolfe St

*Cause of Death,* First (Primary), Teething

Second (Immediate), Convulsions

*Duration of Last Sickness,* 30 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 7

*Undertaker,* Wendell Dyer

*Place of Business,* 151 S. Bond St *Address,* 375 E. Baltimore St.

E. P. Evans *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86419 *Office of Registrar of Vital Statistics.* Ward 18 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John High

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Cigar maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 51 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Crush of both legs (Railroad accident.

Second (Immediate), Shock

*Duration of Last Sickness,* About seven hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept. 9th

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St

C. W. Mitchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86420 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Cronhardt

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 3 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 4 Forest Place

*Cause of Death,* First (Primary), ———

Second (Immediate), Spasms

*Duration of Last Sickness,* 1 or 2 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* September 7/1885

*Undertaker,* Geo Schilling

*Place of Business,* Augusta & Monument *Address,* [illegible]

M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Sanitary Inspector

# Board of Health, City of Baltimore,

Permit No. 86421

*Office of Registrar of Vital Statistics.*

52

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 6th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Harr

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* *Years,* 10 *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } No 5 Oak St Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 23 Ensor St

*Cause of Death,* First, (Primary.) Cholera Infant

Second, (Immediate.)

*Duration of Last Sickness,* Five Days

All the above information should be furnished by the Physician.

*Place of Burial,* Camp Chase

*Date of Burial,* Sept 8/85

*Undertaker,* Chas T. Scriven & Bro

*Place of Business,* 27 & 29 Eutaw Address, 64 Frankfurt St

Robt Johnson M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86422 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and shall visit the corpse, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Emma Williams

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 24 Days

*Color,* Colored

~~*Married*~~, *Single*, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Cor Vincent Alley & Cole St.

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* W Balto Cem

*Date of Burial,* Sept 7" 1885

*Undertaker,* H W Kercher

*Place of Business,* Health Dept Address, Com. of Health & Registrar

James A. Stewart M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W C Roberts Asst Insp

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86423 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William ~~Gustle~~ Kappe

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* ..... *Years,* 2 *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Widow or Widower~~

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 97 Eastern Av.

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Convulsions

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 8 1885

*Undertaker,* C. H. Roessing

*Place of Business,* 196 E Balt. St

John H. Kehlenger M. D.
Medical Attendant.

*Address,* 243 Aliceanna St

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

6

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Hendricks Goldsmith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 9 Months, 25 Days.

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 162 Fairmount Ave

*Cause of Death,* First (Primary,) Marasmus

Second (Immediate,)

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Phila.a Hebrew Cemetery

*Date of Burial,* Sept 8th 1885.

*Undertaker,* Chas. H. Ennis & Co.

*Place of Business,* Eager & Paca Sts

Chas. B. Zugler M. D.
Medical Attendant.

Address 282 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86425 *Office of Registrar of Vital Statistics*, 189 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 7th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Thomas Hentz

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 7 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } ~~Md~~ Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 202 Federal St

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Enteritis

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 8th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

H Boardman M. D.,
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 86426

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 6 Sept. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace Bowers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 1 *Months,* *Days.*

*Color,* Blk

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Porter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* 4

*Place of Death,* {Give street and number.} Aspen St 81

*Cause of Death,* First, (Primary.) Intemperance

Second, (Immediate.) Bright's Disease

*Duration of Last Sickness,* 6 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Sharp St - Cemetery

*Date of Burial,* Sept 8 1885

*Undertaker,* Wm Lumsby

*Place of Business,* 116 S Charles St

Archie A Thurber M.D.,
**Medical Attendant.**

*Address,* 169 N Charles St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86427 *Office of Registrar of Vital Statistics* Ward 9th

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a ~~Proper~~ Certificate.

## CERTIFICATE OF DEATH.

74

*Date of Death,* Sept. 7 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. H. Strause

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* —— *Months,* —— *Days*

*Color,* Wht.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Diver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Penna.

*Duration of Residence in the City of Baltimore,* 22 yrs.

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Calcareous degeneration of Cerebral arteries

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 7 or 8 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* National Cemetery

*Date of Burial,* Sept 9th 1885

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Alexander Hill, M. D.
Medical Attendant.

Address Coroner Cent. Dist

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the persons deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 86428 ; *Office of Registrar of Vital Statistics*, Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Septr. 7th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie Back

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* — *Years,* 8 *Months,* 12 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } Infant

*Occupation* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* { Give street and Number. } 312 W. Hoffman

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Sept. 8th 1885

*Undertaker* A. Rosenberger

*Place of Business* 70 Mulberry *Address,* 576 Med. Ave

J. Schmidt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 86429 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Clinton Brehm

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 4 *Months,* 14 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 171 W. Hoffman st

*Cause of Death,*
First (Primary), Dysentery
Second (Immediate), Cerebral Congestion

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Alphonsus Cem

*Date of Burial,* Sept 8th 1885

*Undertaker,* Chas T Scriven

*Place of Business,* 211 N Eutaw St

Jas. E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86430 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hausman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months.* 19 *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 201 Frederick Ave

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 8 or 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 9th 1885

*Undertaker,* John R Paulsons

*Place of Business,* 66 Frederick Ave

H. Leutkemann M. D.
Medical Attendant.

*Address,* 584 W Fayette St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8643 / *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the correct filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 7th September, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Bell, Jun:

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 52 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* {Give Street and Number.} 172 Lafayette Ave.

*Cause of Death,* First (Primary), .....

Second (Immediate), Acute Bright's Disease

*Duration of Last Sickness,* 7 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem Kent Co Md

*Date of Burial,* Sept 9th 1885

*Undertaker,* Henderson & Son

*Place of Business,* Park & Saratoga St

H. M. Littell, M. D.
Medical Attendant.

*Address,* Lafayette & Fremont Sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3868 Fremont [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86432 *Office of Registrar of Vital Statistics* Ward 2 C

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lorek

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* ~ *Months,* ~ *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Twelve years

*Place of Death,* {Give Street and Number.} # 129 S. Wolf St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* H. A. Homans Cemt.

*Date of Burial,* September 9 85

*Undertaker,* F. Crook & Co

*Place of Business,* 215 S Ann St

John H. Ruhlmann M. D.
Medical Attendant.

*Address,* 243 Aliceanna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully [illegible]

# Health Department, City of Baltimore.

Permit No. 86433 *Office of Registrar of Vital Statistics,* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE MD.

23

## CERTIFICATE OF DEATH.

*Date of Death,* Monday Sept 7th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Bertrand

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 6 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single,

*Occupation,* Printer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 179 N. Wolf St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 9th 1885

*Undertaker,* Henry Hack

*Place of Business,* 309 N. Central Ave *Address,* Chas St & Lanvale

Wilmer Bonitou M. D.
Medical Attendant.

Address, Chas St & Lanvale

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86434 *Office of Registrar of Vital Statistics* Ward 17

HEALTH DEPARTMENT SEP 9 1895 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8 95

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barney Rennfelder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker ~~Shoemaker~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give Street and Number.} 71 Battery ave

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* September 8

*Undertaker,* B. Hale

*Place of Business,* 52 Hart A

R W D Ellis M. D.
Medical Attendant.

*Address,* 713 Light

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86435 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT
SEP 8 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonnette Bittel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 135 Stark St

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* H Greens C

*Date of Burial,* Sept 9

*Undertaker,* P Hasle

*Place of Business,* 82 West St

Theodore Bolz M. D.
Medical Attendant.

*Address,* 1468 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86436 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Tenley

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} St Josephs Hospital

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cr

*Date of Burial,* Sept 8

*Undertaker,* B Ward

*Place of Business,* 82 West St *Address,* St Josephs Hospital

J R Olaw M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86437 *Office of Registrar of Vital Statistics* Ward 5th

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McKenna

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give Street and Number.} 228 N. Front

*Cause of Death,* First (Primary), Cancer of Liver

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Sept 8th 1885

*Undertaker,* James P. Byrne

*Place of Business,* No 63 N Front St *Address,* 228 N Front

Chas D Fenwick, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86438 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Pennington

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 8 *Months,* 15 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} # 1111 E. Chase st.

*Cause of Death,* First (Primary), Teething

Second (Immediate), Congestion Eclampsia

*Duration of Last Sickness,* 2 or 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept 9th 1885

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St *Address,* 305 N. Caroline st

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the Rules on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86439 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose M. Hauf

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* ——— *Months.* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 200 S. Bethel St.

*Cause of Death,* First (Primary), ———

Second (Immediate), Diphtheria

*Duration of Last Sickness,* About 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* O. C. Patricks Cemetry.

*Date of Burial,* September 8. 1885

*Undertaker,* Henry McGinn

*Place of Business,* 8 & 10 Central Ave *Address,* 207 S. Broadway

E. L. Duckett Jr. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

**Permit No.** 86440 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Septr. 7 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. Black

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 23 *Years,* 1 *Months,* 21 *Days,*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} single

*Occupation* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Glasgow Scotland

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and Number.} 26 Clement st

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial* St. Patricks Cem

*Date of Burial,* Septr. 8. 1885

*Undertaker* M. A. Dwyer

*Place of Business,* 74 S. Bway.

D. G. Dawson M. D.
Medical Attendant.

*Address,* 325 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86471 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evan Lytle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 3 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Brunswick Court

*Cause of Death,* First (Primary), Congestion

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pat Cemetery

*Date of Burial,* Sept 8th 1885

*Undertaker,* F. A. Kercher

*Place of Business,* Arlington *Address,* Balto

Emma Dorsey Hoffman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Oliver Dolphin Hoffman

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86442 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Buchanan

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* B

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co

*Duration of Residence in the City of Baltimore,* Not Known

*Place of Death,* {Give Street and Number.} 106 Preston st

*Cause of Death,* First (Primary), a large meal of stale food cabbage & corn - fat pork &c

Second (Immediate), Congestion of the brain - from (Concussion) = not Known only saw the case twice, He has also acute Diarhoea.

William Lee M. D.
Medical Attendant.

*Duration of Last Sickness,* =

All the above information should be furnished by the P

*Place of Burial,* W. Pat-Cem

*Date of Burial,* Sept 8/85

*Undertaker,* F. A. Kirchner

*Place of Business,* Arlington ave *Address,* 339 N. Eutaw st

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the ...

# Health Department, City of Baltimore.

Permit No. 86443 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the correct filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 8 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 6th September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 43 *Years,* ... *Months,* ... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give Street and Number.} 246. Hughes St.

*Cause of Death,* First (Primary), Chronic Bronchitis Complicated

Second (Immediate), Congestive Remittent-Fever

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mark's Cemetery

*Date of Burial,* Sept 8 1885

*Undertaker,* E. H. Chase

*Place of Business,* 93 Howard st

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146. Hill St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 8644 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 6th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip C. Steinmetz

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 50 S. Ann St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 48 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Septbr 8th 1885

Chas N. Thomas, M. D.
Medical Attendant.

*Undertaker,* H. C. Snyder & Son

*Place of Business,* 252 Canton Av *Address,* 66 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore,

Permit No. 86475 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 7th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Shauge.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number.} S. E. cor. Harlem Ave & Schroeder St.

*Cause of death,* First, (Primary,) Spinal softening

Second, (Immediate,) & Abdominal Tumor.

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 9th 85

*Undertaker,* A. R. Mongh & Co

*Place of Business,* 298 Lem Ave *Address,* 69 N. Paca St

A. G. Fox M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8644 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. SEP 9 1885

## CERTIFICATE OF DEATH.

*Date of Death,* September 8 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza L. Scingerf

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 426 Lurman Place

*Cause of Death,* First (Primary), Congestion of Lungs

Second (Immediate), from age,

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 9th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* #46 N. Gay St *Address,* 121 N Howard St

J. W. McCandlish M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8,447

## *Office of Registrar of Vital Statistics.*

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. SEP 9 1885

# CERTIFICATE OF DEATH.

*Date of Death,* September 7th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Boy Wm Swann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 5 *Years,* *Months,* — *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore.* 7 years

*Place of Death,* {Give Street and Number.} 88 Moore alley

*Cause of Death,* First (Primary), Dropsy

Second (Immediate),

*Duration of Last Sickness,* 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 10 1885

*Undertaker* Robt Kennedy

*Place of Business,* 14 Richard st

A Nelson M. D.
Medical Attendant.

*Address,* 262 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 81448 *Office of Registrar of Vital Statistics.* Ward 8 11 9

HEALTH DEPARTMENT SEP 9 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Holmes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give Street and Number.} 115 Hanover St.

*Cause of Death,* First (Primary),

Second (Immediate), Hydro Thorax

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept 9th

*Undertaker,* H. C. Wildfeld

*Place of Business,* 90 Greenmount Ave

Jas Buck Boyle M. D.
Medical Attendant.

Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86449 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* ~~after the death of said~~ deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Jordan.

*Sex, Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* During Lifetime

*Place of Death,* {Give Street and Number.} 75 Woodyear St

*Cause of Death,* First (Primary), Gastro Enteritis.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 2 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Sept 10 1885

*Undertaker,* John Lake

*Place of Business,* 201 E Balto St *Address,*

L. Rickert M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 86450 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. DeCoursey

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* —— *Months,* —— *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Cecil County Md.

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and Number.} 19 Bayard St.

*Cause of Death,* First (Primary), "

Second (Immediate) Consumption

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Fredericktown Cecil Co

*Date of Burial,* Sept 9th 1885

*Undertaker* Denny & Metcher

*Place of Business,* 532 W. Fayette

D. D. Moore M. D.
Medical Attendant.

*Address,* 538 West Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 9869 Transit [OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86451 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of said Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after~~ the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

HEALTH DEPARTMENT SEP 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia Jones

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* ..... *Months,* ..... *Days*

*Color,* C

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} N 310 Boyd St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Complete Prostration

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Ararat Cemetery

*Date of Burial,* Sept 9th 1885

*Undertaker,* Jno. W. Glass

*Place of Business,* 19 S. Howard St. *Address,* 310 N. Bond St.

C. F. Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86452 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Nelson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Future

*Place of Death,* {Give Street and Number.} 161 Raborg St.

*Cause of Death,* First (Primary), Pulmonary Phthisis

Second (Immediate),

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Shark's Woodberry

*Date of Burial,* Sept 9 1885

*Undertaker,* A. H. Blake

*Place of Business,* 108 Howard St

J. Morris M. D.
Medical Attendant.

*Address,* 538 W. Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or, the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86433 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certified Certificate.

HEALTH DEPARTMENT SEP 9 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clayton Jenifer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 937 Eutaw St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 9 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Can Way St *Address,* 177 Slate St

C. W. Booze M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86457 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Schlebetter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 8 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Father Laborer & ~~Common~~ Errand

*Birthplace,* {State of country, and how long in the United States, if of foreign birth.} 151 Canton St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 151 Canton St

*Cause of Death,* First, (Primary,) born very small

Second, (Immediate,) Heart Affection & Eczema

*Duration of Last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* September 9th

*Undertaker,* F. Ovack

*Place of Business,* 217 S Bond St

E W Jamuf M. D., Medical Attendant.

Address, 85 Canton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86433 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} M Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Plumber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give Street and Number.} 40 Ryan st

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), .....

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt St Patricks

*Date of Burial,* Sept 10th 85

*Undertaker,* M. Cadogan

*Place of Business,* 22 Hanover St / *Address,* 31 1/2 Lombard

H. L. Lyon M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86456 *Office of Registrar of Vital Statistics.* Ward, 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Dorsey

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 35 *Years,* ..... *Months,* ..... *Days*

*Color,* colored

*Married,* ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dont Know

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} 111 Harmony Lane

*Cause of Death,* First (Primary), was Stabbed with

Second (Immediate), a Knife. Post Mortem made results not revealed yet

*Duration of Last Sickness,* about 37 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 11 1885

*Undertaker,* William A. Dugee

*Place of Business,* 62 East St

Wm A. Innes M.D.

Coroner ~~Medical Attendant~~

*Address,* 326 Hollins St City

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86457 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 23 Hall ally

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Dilatation of Heart

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 9 1885

*Undertaker,* William P Engle

*Place of Business,* 62 East St

C. Hall Rawlings M. D.
Medical Attendant.

*Address,* 108 Augusta

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86458 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizbth. Einwaechter.

*Sex, Male ~~or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 7 *Months,* 10 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since born

*Place of Death,* {Give Street and Number.} No. 118 Poland St.

*Cause of Death,* First (Primary), Croup.

Second (Immediate),

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Luthern Cem. D. H. Park.

*Date of Burial,* Sept 10/85

*Undertaker,* Physick

*Place of Business,* 163 Columbia St. *Address,* Cor. Columbia & Amity

Jno. Andrew M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86459 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 8 September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunegunde Schaefer

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 18 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Ramsay Pl 31

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 10 September 1885

*Undertaker,* Geo. Leinbach

*Place of Business,* 289 W Balto St. *Address,* 211 N Howard St

L. Reinhardt M. D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86460 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1885

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1885 6 P. M

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Slater

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} Jackson Square

*Cause of Death,* First (Primary), Fatty degeneration of Heart.

Second (Immediate),

*Duration of Last Sickness,* Six Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 10th

*Undertaker,* [redacted] Jenkins & Son.

*Place of Business,* [redacted] Park & Laraby

James E Duvall M. D.
Medical Attendant.

*Address,* 299 E Baltimore

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86461 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Regan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 1 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} N. E. Cor. Paca and O'Donnell

*Cause of Death,* First (Primary) Marasmus

Second (Immediate),

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross cem

*Date of Burial,* Sept 9th 1885

*Undertaker,* W. W. Spindler & Son

*Place of Business,* 352 Eastern Ave *Address,* 299 E. Eastern Ave

James E. Lemmon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1 0 1 7 2

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86462 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September the 9 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Carnish

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} Corner of Clinton Ave & Biddle St

*Cause of Death,* First (Primary), Dropsy

Second (Immediate), Ascites

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Sept 10th 1885

*Undertaker,* Alex Heusler

*Place of Business,* 116 Broadway *Address,* No 36 Louis St

F H Brueck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86463 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Stockdale

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months.* *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Fifty years

*Place of Death,* {Give Street and Number.} 14 Lombard

*Cause of Death,* First (Primary), Gall stones

Second (Immediate), Stricture of the bowels 4 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* Sept 10th 1885

*Undertaker,* Henry W. Means

*Place of Business,* 460 N Gay St *Address,* 107 Lombard St

Edward Pilkerton *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 66464 *Office of Registrar of Vital Statistics.* Ward 4

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* September 8. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Ives.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months.* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Machinist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 41 N. High St.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption.

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 11 1885

*Undertaker,* Hy W. Mears

*Place of Business,* 45 Gay St *Address,* 73 E Balto St

J. W. Houck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86465 *Office of Registrar of Vital Statistics.* Ward 9½

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta King

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 90 *Years,* 5 *Months.* 19 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ohio -

*Duration of Residence in the City of Baltimore,* 80 - 85

*Place of Death,* {Give Street and Number.} 187 W Lombard

*Cause of Death,* First (Primary), Old age

Second (Immediate), Exhaustion -

*Duration of Last Sickness,* a few days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cy

*Date of Burial,* Friday Sept 11th 1885

W. F. Kemp M. D.
Medical Attendant.

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave *Address,* 55 N. Greene

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8644

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86466 *Office of Registrar of Vital Statistics.* Ward 5-4

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

*Date of Death,* September 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Sauer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Two *Years,* One *Months,* Three *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Two Years

*Place of Death,* {Give Street and Number.} No. 224 N. Durham St

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Eclampsia

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Centre

*Date of Burial,* Sept 11, 1885

*Undertaker,* Henry Hoe Jr.

*Place of Business,* 309 N. Central ave *Address,*

John A. Pickel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8646

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 8647 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Johnson

~~*Sex,*~~ *Male* ~~*or Female,*~~ { Cross out the word not required in this line. }

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* Colored,

~~*Married, Single,*~~ ~~*Widow or*~~ *Widower,* { Cross out the word not required in this line. }

*Occupation* Hostler

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } No 3 Lercus Alley

*Cause of Death,* First (Primary) Pleurisy

Second (Immediate) Effusion

*Duration of Last Sickness,* Three weeks

the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* September 10th 1885

*Undertaker* Wm. A. Gray

*Place of Business,* 23 Mulberry Address, No 58 E Lexington St

W. Starr M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86468 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Sept 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Camphor

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* ... *Months.* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give Street and Number.} 89 Lemon alley

*Cause of Death,* First (Primary), ...

Second (Immediate), Diphtheria

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 11th/85

H. H. Goodman M. D.
Medical Attendant.

*Undertaker,* M. Cadogan

*Place of Business,* 227 Mulberry St *Address,* 645 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86469

## *Office of Registrar of Vital Statistics.*

Ward 13

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* September 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Monahan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* — *Days*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 154 Mc Henry St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 11th 85

*Undertaker,* M. Sadofan

*Place of Business,* 227 Hanover St

A. Wolf Coburn M. D.
Medical Attendant.

*Address,* 243 W. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1074

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8647 70 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moore Bayless

*Sex, ~~Male,~~ or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 17 months

*Place of Death,* {Give Street and Number.} 412 N Liberty St

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate), Dysentary

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 10th 1885

*Undertaker,* J. J. Andrews

*Place of Business,* No 46 Druid Hill Ave

Gordon Cole M. D.
Medical Attendant.

*Address,* 446 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86471 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE MD

## CERTIFICATE OF DEATH. 74

*Date of Death,* Sept. 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Marie Lutz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 91 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Don't Know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters of Poor

*Cause of Death,* First (Primary),

Second (Immediate), General dropsy

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus cem

*Date of Burial,* Sep Th 10 1885

*Undertaker,* W Blotkamp Jr

*Place of Business,* 253 E. Lombard st

Jno. Burke Boyle M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 8647 2 *Office of Registrar of Vital Statistics.* Ward 9 C

The Physician who attended any person in a last illness, is responsible for the presentation of Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Esther Baier

*Sex,* ~~Male or~~ *Female.* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Plattsburg New York

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and Number.} Bannum's Hotel

*Cause of Death.* First (Primary),

Second (Immediate). Cerebral Disease

*Duration of Last Sickness,* More than a year

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 11th 1885

*Undertaker* New Funeral Rooms

*Place of Business,* Park Place & Saratoga St

F. T. Miles M. D.
Medical Attendant.

*Address,* 28 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 86473

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86473 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate McGuire

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 24 Months, 21 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 164 S. Callow St.

*Cause of Death,* First (Primary),

Second (Immediate), Intussusception

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept. 11. 1885

*Undertaker,* M. A. Dazey

*Place of Business,* 74 S. Bway.

B. Udell M. D.,
Medical Attendant.

Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 26474

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86474 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Walsh

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland (Co. Cork) 50 yrs

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Old age

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* Sept 10 1885

*Undertaker,* George Rinehart

*Place of Business,* Fremont [illegible] *Address,* [illegible]

Steven Hickey M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86475 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* [redacted] Sept. 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hannibal

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 59 yr. *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Restaurant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 yrs

*Place of Death,* {Give Street and Number.} 46 Harrison St

*Cause of Death,* First (Primary), .....

Second (Immediate), Chronic Nephritis Uremia

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 11th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* # 45 N. Gay St

Louis Hoffhorn M. D.
Medical Attendant. Pr amy.

*Address,* 226 Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86476 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. SEP 10 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie R Rivers

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 44 *Years,* 6 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Middlesex Co Va

*Duration of Residence in the City of Baltimore,* 25 or 30 yrs.

*Place of Death,* {Give Street and Number.} 482 Franklin St

*Cause of Death,* First (Primary), Ovarian Tumor

Second (Immediate), Peritonitis

*Duration of Last Sickness,* 4 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Sept 11th 1885

*Undertaker,* John L Stocker

*Place of Business,* No 15 Eutaw

W H Hill M. D.
Medical Attendant.

*Address,* 23 Edmondson

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86477 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

77

*Date of Death,* Sept 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick W. Fraske

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Tailor

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany, Four years

*Duration of Residence in the City of Baltimore,* Four years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Carbuncle

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 12 1885

*Undertaker,* Wm J Tuckner

*Place of Business,* 165 S Eutaw St *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86478 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9th '83.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. M. Doorer

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* 14 *Years,* ..... *Months,* ..... *Days*

*Color,* W

*Married, Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 470 West St.

*Cause of Death,* First (Primary),

Second (Immediate), Drowning

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* Sept. 10/83

*Undertaker,* J. B. Cook

*Place of Business,* 709 W. Balto St.

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 359 Barre St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following certificate

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86478 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Downes.

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 14 *Years,* — *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} Spring Gardens.

*Cause of Death,* {First (Primary), Off - Rockstead's Wharf -

Second (Immediate), Accidental drowning

*Duration of Last Sickness,* —

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Olivet cemetery

*Date of Burial,* Sept 11th 1885

Chas A Ball M. D.
Medical Attendant.

*Undertaker,* Chas. B. Cook

*Place of Business,* No 707 W Baltimore St *Address,* 101 Druid Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86479 *Office of Registrar of Vital Statistics.* Ward 21st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Sullivan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* / *Years,* 8 *Months.* *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 26 Hanover st

*Cause of Death,* First (Primary), Scrofula

Second (Immediate), Septicemia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Sept. 11th '85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts. *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 3 4 4 5 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 86480 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Gilbert Deutsch

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 2 *Months,* 10 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 624 W Lafayette St

*Cause of Death,* First (Primary), Gastritis

Second (Immediate), Anemia 4 weeks 5 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Har Sinai Cemetery

*Date of Burial,* Sept 11 1895

*Undertaker* Archbald and Sons

*Place of Business,* 22 N. Paca St.

M. D.
Medical Attendant.

*Address* 208 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. 3 44 57

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore.

**Permit No.** 86481 *Office of Registrar of Vital Statistics.* **Ward** 10th

SEP 11 1885
HEALTH DEPARTMENT
BALTIMORE

The Physician who attended any person in a last illness, is responsible for the prescription of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 9 - '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Owens

*Sex, Male or* ~~Female,~~ {Cross out the word not required in this line.}

*Age,* 47 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married,* ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.}

*Occupation* Hostler

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 58 N. Green

*Cause of Death,* First (Primary), Enteric Fever

Second (Immediate), Pyaemia

*Duration of Last Sickness,* 12 weeks -

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 11th 1885

*Undertaker* Fred Gaede

*Place of Business* 21 N. Gordon *Address,* #181 Linden Ave

Henry Chandlee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 3449

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86482 *Office of Registrar of Vital Statistics.* Ward 4

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Curren

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 9 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Child

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} ~~[illegible]~~ 20 Granby St

*Cause of Death,* First (Primary), Malarial

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* Seven Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cem

*Date of Burial,* Sept 11-85

*Undertaker,* Adam Ostermann M. D.

Medical Attendant.

*Place of Business,* 81 Bank St *Address,* 88 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86483 *Office of Registrar of Vital Statistics,* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Savage

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 6 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 22 Dewberry Alley

*Cause of death,* First, (Primary,) Whooping Cough

Second, (Immediate,)

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lowndes Cemetery

*Date of Burial,* Sept 10 1885

*Undertaker,* William N Burgess

*Place of Business,* 462 East

J. W. Clark M. D.,

Medical Attendant.

*Address,* Baltimore City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 1 1 1 1 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86484 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Osterhus

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give Street and Number.} 15 Goodmans Alley

*Cause of Death,* First (Primary), Intemperance

Second (Immediate), Congestion of the Brain

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Sept 12

*Undertaker,* Yeagle M. D.

Medical Attendant.

*Place of Business,* 62 West St *Address,* 161 Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84485

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86785 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip L Frank

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Penn

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give Street and Number.} 131 Ledenhall St

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Paralysis

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls C

*Date of Burial,* September 12

*Undertaker,* B. Hurle

*Place of Business,* 82 West St *Address,* 146 Hanover St

Thomas C. Jones M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 84486

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate**

## Board of Health, City of Baltimore.

**Permit No.** 86486 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 10 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. McElhany

*Sex, Male ~~or Female~~.* {Cross out the word not required in this line.}

*Age,* 72 *Years,* —— *Months,* —— *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 714 W. Lexington

*Cause of Death,* First (Primary), Senile Dementia & Paralysis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Some years

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 12 1885

Jno R Quinan M. D.
Medical Attendant.

*Undertaker* D Emmy & Mulcahy

*Place of Business,* 630 W Fayette *Address,* 1362 N. Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 84489

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86487 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Worch.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cabinet-maker.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 34 ~~years~~ years.

*Place of Death,* {Give Street and Number.} 25-7 N. Charles St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Pulmonary Tuberculosis.

*Duration of Last Sickness,* About 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 13

*Undertaker,* Hann Boiler

*Place of Business,* Hanover 81

R. J. B. Tall M. D.
Medical Attendant.

*Address,* 1528 Hanover St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84488

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore.

**Permit No.** 86488 *Office of Registrar of Vital Statistics,* **Ward** 19

HEALTH DEPARTMENT BALTIMORE MD. SEP 11 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* " Sep. 10th. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Wright

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 14 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Infant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 14 days

*Place of Death,* {Give street and Number.} 423 N. Calhoun St.

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), "

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Christ cemetery

*Date of Burial,* Sept 11th 1885

*Undertaker* Jos B Cook

*Place of Business,* No 707 W Balto st

J. H. Christian M. D.
Medical Attendant.

*Address,* 306 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 811189

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86489 *Office of Registrar of Vital Statistics* Ward 13

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Hahnly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* 9 *Months,* —— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 74 N Amity

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), " "

*Duration of Last Sickness,* 1 week

**All the above information should be furnished by the Physician.**

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 11th 1885

*Undertaker,* Joseph B Cook

*Place of Business,* 407 W Pratt

Thomas O'Brie M. D.
Medical Attendant.

*Address,* 179 N. Howard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 8 4 4 9 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86490 *Office of Registrar of Vital Statistics.* Ward 13

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Airy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 194 Parken St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 9th 1885

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore *Address,* 306 N. Gilmor

C M Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8449

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 8649 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1883 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Sept 11 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. B. Norris

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months.* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 604 - Penna Ave

*Cause of Death,* First (Primary), Indigestion

Second (Immediate),

*Duration of Last Sickness,* 12 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem

*Date of Burial,* Sept. 11/83

*Undertaker,* J. B. Coop

*Place of Business,* 7 & W. Balto St *Address,*

H. E. Hurst M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8 6 4 9 2

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86492 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10 — 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Garrett Jr.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* — *Months,* — *Days*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 14 yrs.

*Place of Death,* {Give Street and Number.} N. W. Cor. Chase & Barclay

*Cause of Death,* First (Primary), A fall from a cart loaded with sand which frac. the lower ribs, liver

Second (Immediate), & also broke his neck

*Duration of Last Sickness,* About 10 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 11th 1885

*Undertaker,* Saml W. Chase

*Place of Business,* 198 S. Howard St *Address,* Coroner Cent. Dist.

Alexander Hill, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84493

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore, Oct 19th

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE, MD.

Permit No. 86493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H. Clarke

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 10 Months, Days.

*Color,* White Sex, Male

*~~Married~~, Single, ~~Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Teacher

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Washington County Md.

*Duration of Residence in the City of Baltimore,* Fifty nine years

*Place of Death,* {Give street and number.} 687 W. Fayette St.

*Cause of Death,* {First (Primary,) Second (Immediate,) Old age 2 years

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Morris Uhler M. D.

*Date of Burial,* Sept 12 1885 Medical Attendant.

*Undertaker,* A Rosenberger

*Place of Business,* 70 Lundenz St Address 319 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 84494

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 86494 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 78 (78) *Years,* ..... *Months.* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Seamstress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 185 S. Eden St

*Cause of Death,* First (Primary), Chronic Diarrhoea

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One (10) week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sep 11th 85.

*Undertaker,* Wm S. Fry

*Place of Business,* 51 W Pratt *Address,* .....

L W Shuer M. D.
Medical Attendant.

E W Cooper Jr Coroner

Sept 10th 1885

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84495

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86495 *Office of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Dolan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give Street and Number.} 127 Greenmount Ave

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 12th 1885

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St *Address,*

Jno Bruce Boyle M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84496

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 86496 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva M. Pfeler

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Ch

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give Street and Number.} 32 E Pratt St

*Cause of Death,* First (Primary), Impaction Intestines

Second (Immediate), Convulsions

*Duration of Last Sickness,* Thirty hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 13th 1885

*Undertaker,* Forest Grade — A J Shentzer M. D. Medical Attendant.

*Place of Business,* 29 E Baltimore — Address, 88 E Bath St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8049

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8049 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sep 11 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Krieg

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,*

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Cabinetmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give Street and Number.} Old Mens Home

*Cause of Death,* First (Primary), Gastro Enteritis

Second (Immediate),

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Sept 12th

*Undertaker,* F. W. Troll

*Place of Business* # 131 Hanover St *Address,* 251 Mad Ave

A. Thomson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Burials [illegible] 86498

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86498 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1885 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie A. Cobb

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 Years, Months. 15 Days

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Life 2

*Place of Death,* {Give Street and Number.} 138 Penn

*Cause of Death,* First (Primary),

Second (Immediate), Membranous Croup

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept. 13th 1885

*Undertaker,* Adam Fink

*Place of Business,* 1414 N. Gay St. Address, 317 E. Lombard St

H. L. Duncan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns [illegible]

No. 86499

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86499 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. SEP 12 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances G Reed

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* 8 *Months,* 9 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 722 Bank St,

*Cause of Death,* First (Primary), Carbuncle

Second (Immediate), Blood Poison

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Sept 13th 1885

*Undertaker,* Wm J Tuckner

*Place of Business,* 165 E Eutaw *Address,* 76 E Pacca St

J K Hurley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...emeteries in City of B...

No. 86500

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86500 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE SEP 12 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1885

*Full Name of Deceased,* {White legibly and spell correctly. If an Infant not named, give names of parents.} Harry S. Leaton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 9 *Months,* 17 *Days*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 118 St Peter St

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), Septicaemia

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 12" 85

*Undertaker,* W. J. Tickner

*Place of Business,* 65 S. Eutaw St *Address,* 343 W. Lombard

A. Nat Colburn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 16501 *Office of Registrar of Vital Statistics.* Ward 42d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 12 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate L. Barnes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 8 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 202 1/2 E. Pratt Street

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Capillary Bronchitis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 12 1885

*Undertaker,* M. Leland & Sons

*Place of Business,* 92 E. Lan

*Address,*

*M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 2002

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 28502 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maude Moore

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 2 *Months,* 1 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 42 Laurens St, Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 42 Laurens St.

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One wk

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 12th 85

*Undertaker,* J. B. Monahan

*Place of Business,* 298 Fremont Ave *Address,* 404 Dr. Hill St. Balto

F. J. Flannery *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8503 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Wehrkamp

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Collector

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Over Forty

*Place of Death,* {Give Street and Number.} Municipal Hospital

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Acute Dilitation of Heart

*Duration of Last Sickness,* about Six hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 12th 1885

*Undertaker,* Keyser & Son

*Place of Business,* Park & Saratoga

Wm A. Jones M. D.
Medical Attendant.
Coroner

*Address,* 326 Hallidie

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 86504

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86504 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED, WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Christopher Kraft,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* ..... *Months,* ..... *Days*

*Color,* White,

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Truck Packer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Forty-five years

*Place of Death,* {Give Street and Number.} 527 E. Fayette St.

*Cause of Death,* First (Primary), Abscess of liver & epidemic dysentery

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept. 13th (1885)

*Undertaker,* Peter Frey

*Place of Business,* 91 Eutaw Ave.

G. G. Lenk M. D.
Medical Attendant.

*Address,* Balto. Md.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 16506

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 17505 — *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1885

## CERTIFICATE OF DEATH.

*Date of Death,* September 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Shuner

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 43 *Years,* 3 *Months.* 14 *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Piano Maker — ✓

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt= City —

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 288 Cross St=

*Cause of Death,* First (Primary), Phthisis Pulmonalis —

Second (Immediate), Gastritis

*Duration of Last Sickness,* Last= 16 hours —

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept. 13th 1885

*Undertaker,* Julius Koehler — Dr. A. Bell M. D.

Medical Attendant

*Place of Business,* Main Cross St. *Address,* 10 S. Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8506 , *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reifner

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* — *Years,* 4 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S.

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 320 Eastern Avenue

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cem

*Date of Burial,* Sept. 12, 1885

*Undertaker,* H Sander Son

*Place of Business,* 250 Eastern Ave *Address,* Broadway

Jas Monaghan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 17507 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William ~~Wm~~ Lloyd

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Locksmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 221 Hollins st

*Cause of Death,* First (Primary), Organic disease of the Heart

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 13th 1885

*Undertaker,* Wm O'Weaver

*Place of Business,* No 202 N. Eutaw *Address,* 187 Hollins st

F. T. Benson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 16301

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 16508 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Franklin

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* ..... *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 29 E Lombard St

*Cause of Death,* First (Primary), Cholera Infantum & Whooping Cough

Second (Immediate), .....

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept. 13th '85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 29 E Balt St

James E Donelle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 86509

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86509 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Hanan

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 37 N. W. Street

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* Few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 12 th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave *Address,* 21 Calvert St

Geo. P. Reinoehl M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 86310

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

HEALTH DEPARTMENT, SEP 13 1885 BALTIMORE, MD.

Permit No. 81,510 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Mund

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 44 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Wife

*Birth Place,* {State of country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give Street and Number.} No. 50 Dean St

*Cause of Death,* First (Primary), .....

Second (Immediate), Peritonitis

*Duration of Last Sickness,* 2 days hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Stanislaus Cem

*Date of Burial,* Sep 13 1885

*Undertaker,* B Hark

*Place of Business,* West A

E. Stahl M. D.
Medical Attendant.

*Address,* 240 Pac

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 8571 *Office of Registrar of Vital Statistics.* Ward 26

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *forty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* September 12 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel R Sterling

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation* Engineer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ann Arundel Co Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 1220 N. Gilmor St

*Cause of Death,* First (Primary), Enlarged Prostate & Chronic Cystitis

Second (Immediate). Anaemia

*Duration of Last Sickness,* 1½ Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Galto. Cemetery

*Date of Burial,* Sept 14th 1885

*Undertaker* Wm J. Tuckner

*Place of Business,* 65 S. Eutaw *Address,* 386 West Hill Ave

A. Tinsley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE, MD

Permit No. 8657 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *forty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillippa Richter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* {Give Street and Number.} 59 N Gay st

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Sholam & Cemetery

*Date of Burial,* September 13

*Undertaker,* Jacob Shuens

*Place of Business,* 28 Hugh St

Jno Glover M. D.
Medical Attendant.

*Address,* 125 Augusta Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 82573 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry R Horstman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Druggist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Life

*Place of Death,* {Give Street and Number.} Cor. Light & Fort Sts

*Cause of Death,* First (Primary),

Second (Immediate), Typho-Malarial Fever

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park

*Date of Burial,* Sept 14th 1885

*Undertaker,* A. Rohde.

*Place of Business,* ~~78~~ [illegible] *Address,* 40 Fort ave

O. A. Cooke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 25574 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within [illegible] hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Haywood

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give Street and Number.} 269 Orleans

*Cause of Death,* First (Primary), Contracted Intestinal

Second (Immediate), Kidney

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel C.

*Date of Burial,* Sept 14 85

*Undertaker,* John Henry

*Place of Business,* 382 Aisquith *Address,* [illegible]

[illegible] *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8615 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Thompson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Worcester Co. Md.

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 3 Wyr alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Consumption

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 13th 1885

*Undertaker,* Saml W. Chase

*Place of Business,* 178 S. Howard St *Address,* 262 Sharp st

R. M. Hall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8574 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Schlesinger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 14 years

*Place of Death,* {Give Street and Number.} 62 N Castle St,

*Cause of Death,* First (Primary), Paralysis Brain

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews County

*Date of Burial,* 13th Sept 1885

*Undertaker,* Wm J Neiman

*Place of Business,* 63 N Eden St

J H Collenberg M. D.
Medical Attendant.

*Address,* 344 E Balt. St,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 8577 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. SEP 13 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* 13th September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Bams

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 74 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,* Launderss

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give Street and Number.} 36 Welcome alley

*Cause of Death,* First (Primary), Disease of the heart

Second (Immediate), Dropsy

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* to Cato. St1 Ch. Dorchester County Md.

*Date of Burial,* Sept 14

*Undertaker,* H Ross

*Place of Business,* 95 Lombard St

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 8618 — *Office of Registrar of Vital Statistics.* — Ward 15

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Armbrust

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 1 *Months,* 1 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give Street and Number.} 276 S. Sharp St.

*Cause of Death,* First (Primary), Phthisis Pulm.

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* H. Olivet C.

*Date of Burial,* Sept 14th

*Undertaker,* B. Hall

*Place of Business,* 96 West H. *Address,* 170 S. Sharp

Wm Gould M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this.

# Health Department, City of Baltimore.

Permit No. 8579 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Julius Atkins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} —

*Age,* 46 *Years,* — *Months,* — *Days*

*Color,* Black

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Caulker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 64 N. Dallas St

*Cause of Death,* First (Primary), Injury

Second (Immediate), Hemorrhage of Bladder

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Laurel Cemetery~~

*Date of Burial,* Sept 13 1885

*Undertaker,* Wm Madden

*Place of Business,* 46 East St

Silas H. Hunter M. D.
Medical Attendant.

*Address,* 26 Gough St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86520 *Office of Registrar of Vital Statistics.* Ward 17 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

74

*Date of Death,* Sept 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sullivan

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 12 *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} St. Vincents Asylum

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept. 13th

*Undertaker,* Robt. Robinson

*Place of Business,* Division St. *Address,* 404 Druid Hill ave.

F J Flannery M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 0

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 7252 *Office of Registrar of Vital Statistics,* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Johnson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 14 *Days*

*Color,* Colored

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* 2 months, 14 days.

*Place of Death,* {Give Street and Number.} 16 Wagon alley

*Cause of Death,* First (Primary), Cold

Second (Immediate), Capillary Bronchitis

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Kimpert Cemetery

*Date of Burial,* Sept 13 1885

*Undertaker,* William Tinges

*Place of Business,* 62 East St

F. S. Goodman M. D.
Medical Attendant.

*Address,* 481 Saratoga St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8522 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie M. Anderson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days*

*Color,* colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 40 Stockton alley between Monument & Preston

*Cause of Death,* First (Primary), Consumption of the Lungs

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Thompson St Cemetery

*Date of Burial,* Sept 13 1885

*Undertaker,* William J. Lingo

*Place of Business,* 62 East St

Wm H. Jones M. D.

~~Medical Examiner~~ Coroner

*Address,* 326 Hallin st city

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 16523

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 16523 *Office of Registrar of Vital Statistics.* Ward 5

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 79 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

*Duration of Residence in the City of Baltimore,* 30 yrs.

*Place of Death,* {Give Street and Number.} #266 Eighth st.

*Cause of Death,* First (Primary), Central Softening

Second (Immediate), Paralysis

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Sept 13 1885

*Undertaker,* James P Burns

*Place of Business,* No Front St

Geo A Hartman M. D.
Medical Attendant.

*Address,* #305 N Carlin st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86524 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 13 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 12, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M Royston

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* 5 *Months,* *Days*

*~~Color~~,*

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give Street and Number.} S. E. cor Caroline & Gay Sts

*Cause of Death,* First (Primary), Age

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Co

*Date of Burial,* Sept 14. 1885

*Undertaker,* John W Jackson

*Place of Business,* Gay & Gardiner *Address,* Broadway & Chase Sts

H. H. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8625 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the premptation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH. a

*Date of Death,* September 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 3 *Months:* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifes time

*Place of Death,* {Give Street and Number.} 217 Forrest St ~~Forrest St~~

*Cause of Death,* First (Primary), Erysipelas Malignant

Second (Immediate), Edema Glottis Croupus

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Sept 13th

*Undertaker,* H. C. Wadefield

*Place of Business,* 72 Greenmount Ave *Address,* 105 W. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8652 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Reardon

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 29 N 6 St and part unc

*Cause of Death,* First (Primary), Child birth

Second (Immediate), Exhaustion Shock &c

*Duration of Last Sickness,* Patient was taken ill on the 2nd month & died on the 12th

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 13th/85

*Undertaker,* Matthew Cadogan

*Place of Business,* 27 Smith Ave St. *Address,* 29 N 6th St

C M Gaither M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8527 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David C. Harrigan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Machinist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 112 Scott St

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* 2 Years —

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Sept 14th 85 Edw. F. Nicholson M. D.

*Undertaker,* Matthew Cadogan Medical Attendant.

*Place of Business,* 22 S. Howard St., Address, 283 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8628 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William George Lindemann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* 11 *Months,* 3 *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Wood-Turner

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty five years

*Place of Death,* {Give Street and Number.} # 2433 E. Bond St.

*Cause of Death,* First (Primary), Age

Second (Immediate), Paralysis

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* September 14th 1885

*Undertaker,* Wendell Diffbel

*Place of Business,* 131 E. Bond St

John H. Kellberger M. D.
Medical Attendant.

*Address,* 243 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86529 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Biggs

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 22 *Years,* ..... *Months,* ..... *Days*

*Color,* mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* nil.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balti.

*Duration of Residence in the City of Baltimore,* 20 yr - 3 Lifetime

*Place of Death,* {Give Street and Number.}

*Cause of Death,* First (Primary), Pulmonary tuberculosis

Second (Immediate), asthenia

*Duration of Last Sickness,* 1 yr.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters C.L.

*Date of Burial,* Sept 14 1885

*Undertaker,* Magee & Page

*Place of Business,* 159 Murray St Address, 1923 W. Fayette

D. Shell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86530 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed Fiege Frisch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B City

*Duration of Residence in the City of Baltimore,* 1 yr 1 M

*Place of Death,* {Give Street and Number.} 27 Patapsco st.

*Cause of Death,* First (Primary), Convulsions of Brain

Second (Immediate), Apinsed.

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 17

*Undertaker,* B. Hearle

*Place of Business,* 69 West st *Address,* 213 Light st

R. H. Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

AK SAFETY ▲ FILM

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8653 / *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 12, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Gifford

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 50 years.

*Place of Death,* {Give Street and Number.} 82 S. Bond St

*Cause of Death,* First (Primary), Chronic Gastritis

Second (Immediate), & Nuke,

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 15th 1885

*Undertaker,* Penny & Mitchell

*Place of Business,* 425 S Broadway

J. W. Houck M. D.
Medical Attendant.

*Address,* 93 E Baltimore,

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODA

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86532 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ray Hyson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 11 *Years,* 11 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give Street and Number.} No 59 Gough St

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Sept 14th 1885~~ St Paul's Cem

*Date of Burial,* Sept 14 1885

*Undertaker,* H. A. Daige

*Place of Business,* 74 S. Bway

M. D.
Medical Attendant.

Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Notice to Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86533 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Gage

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* 6 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} 21 S Bond St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept. 15/85

*Undertaker,* Wm A. Dwyer

*Place of Business,* 45 Pearl *Address,* 196 E. Baltimore

Wm A Dee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86534 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Thomas Wallis

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 9 *Months,* 11 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 736. W. Pratt St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), "

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 14

*Undertaker,* Joseph Bloch

*Place of Business,* 407 W Baltimore

Thomas O'Brien M. D.
Medical Attendant.

*Address,* 179 N. Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

14

*Permit No.* 86535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* September 13th at 10 o'clock P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Costellow

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.} Female

*Age,* 18 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 52. Dewbens Alley

*Cause of Death* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Potts Cemetery

*Date of Burial,* Sept 15

*Undertaker,* Wood

*Place of Business,* 707 W. Baltimore

C. C. Richardson M. D.
Medical Attendant.

*Address.* Lombard & Fremont

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore,

Permit No. 86536 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbia Sherbert

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days,*

*Color,* Black

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and Number.} 366 Lexington St

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) "

*Duration of Last Sickness,* about 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery.

*Date of Burial,* Sept 14th

*Undertaker,* F. N. Troll. J. L. Hammett M. D.,

Medical Attendant.

*Place of Business,* 131 Hanover St. *Address,* 87 N. Paca St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

# Health Department, City of Baltimore.

Permit No. 8653 7 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Jeans

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 10 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 137 Burgundy Alley

*Cause of Death,* First (Primary),

Second (Immediate), Dyphtheria

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 14th 1885

*Undertaker,* John L Thacker

*Place of Business,* No 15 Hanover

Jno D Blake M. D.
Medical Attendant.

*Address,* 138 Pacific

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86538 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Hartman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} Hill & Eutaw Sts

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Congestion of Membrane of Brain

*Duration of Last Sickness,* 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Oct 14

*Undertaker,* Armstrong & Sons

*Place of Business,* No 763 Lombard

Henry Ortmann M. D.
Medical Attendant.

*Address,* 1116 Pennsylvania Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86539 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the [illegible] Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizette J. Weisenauer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 12 *Years,* 3 *Months.* 9 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 Yrs

*Place of Death,* {Give Street and Number.} 411 W Pratt

*Cause of Death,* First (Primary), Cancer of breast

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 yr

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* September 15th 1885.

*Undertaker,* George Leimbach.

*Place of Business,* 389 West Pratt St. *Address,* 1 Edmondson Ave

W. H. Buckler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86540 *Office of Registrar of Vital Statistics.* 71

HEALTH DEPARTMENT SEP 12 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 12 September

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rebecca Boadley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* Colored

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* — — — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give Street and Number.} No 18 Howard

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* three months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Balto Md

*Date of Burial,* Sept 14 1885

*Undertaker,* Wm W Madden

*Place of Business,* 46 East St

Thomas J Simms M. D.
Medical Attendant.

*Address,* 242 N 3 Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3872 Travers

[over.]

# Health Department, City of Baltimore.

Permit No. 8657 / *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Elizabeth Shuffert

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co Maryland

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} 452 McHenry St

*Cause of Death,* First (Primary), Child birth

Second (Immediate), Puerperal Fever

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* Sept 14th 1885

*Undertaker,* John P. Paulus

*Place of Business,* 66 First Ave

Jno. A. Smithcum M. D.
Medical Attendant.

*Address,* 584 W Fayette St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

# Board of Health, City of Baltimore,

Permit No. 86542 *Office of Registrar of Vital Statistics.* Ward 6 2/15

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F. Sweeting

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* 3 *Months,* 4 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Fish Dealer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ohio

*Duration of Residence in the City of Baltimore,* 56 Years

*Place of Death,* {Give street and Number.} 141 N Eden Street

*Cause of Death,* First, (Primary,) Intemperance

Second, (Immediate,) Heart Disease } Had been drinking for the Last Two months very hard

*Duration of Last Sickness* A few Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 16th

*Undertaker,* Eric Schilling

*Place of Business,* Holland Square

James D. Whiteford M. D.,
Medical Attendant.

*Address,* 195 Aisquith Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86573 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 14" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Allison

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 9 Randall St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Sept 15th 85

*Undertaker,* J. E. Murphy & Co

*Place of Business,* 298 Penna Ave

C. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Fortay

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 86524 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 12/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Shotts

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 68 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give Street and Number.} W. N. Calhoun St

*Cause of Death,* First (Primary), Genl Debility

Second (Immediate), Congestion Chill

*Duration of Last Sickness,* Several Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 14/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette

Jno A Blake M. D.
Medical Attendant.

*Address,* 128 S Paca

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86645 *Office of Registrar of Vital Statistics* Yard 47

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP. 14 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McDegory Sr

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* {Give Street and Number.} No 13 S Eutaw st

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), old Age + Exhaustion

*Duration of Last Sickness,* 14 days 8

All the above information should be furnished by the Physician.

*Place of Burial,* Phil. Pa

*Date of Burial,* Sept 15/85

*Undertaker,* Gray & Mulehill

*Place of Business,* 530 N Fayette

H. Ridgway Jr M. D.
Medical Attendant.

*Address,* 1021 E Baltimore st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3873 Graves

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

Permit No. 86546 *Office of Registrar of Vital Statistics* 1st Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday Sept 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ewalt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 53 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Labor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 Years ✓

*Place of Death,* {Give Street and Number.} 58 O'Donnell St

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Congestion of the Lungs

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Sept 14th 85

*Undertaker,* G. Franc

*Place of Business,* Pant & Wolfe *Address,* 38 O'Donnell St

J. E. Prichard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86547 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the information on this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. O'Donnell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* 1 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Telegraph Operator

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 14 E. Duncan alley

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 15th 1885

*Undertaker,* M. Clarke & Son

*Place of Business,* Jno S. Ann

*Address,*

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86548 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Filled Out Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give Street and Number.} No 73 Grindall St

*Cause of Death,* First (Primary), "

Second (Immediate), Cirrhosis of Liver

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Hill

*Date of Burial,* Sept 15 '85

*Undertaker,* B. Harle

*Place of Business,* 82 West st

J. C. Busch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Health Department, City of Baltimore.

Permit No. 86549 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the information in this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Schumacher

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 38 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Patapsco River near Ferry Bar

*Cause of Death,* First (Primary), .....

Second (Immediate), Accidental drowning

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 15th

*Undertaker,* Geo Schilling

*Place of Business,* Island Ave

Jno A Bell M. D.
~~Medical Attendant,~~
& Coroner

Address, .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86530 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 13. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Algernon Sidney Durrett Jr.

*Sex, Male or Female,* {Cross out the word not required in this line.} M.

*Age,* ..... *Years,* ..... 6 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 130 Laurel St

*Cause of Death,* First (Primary), Catarrhal Enteritis

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Ennon

*Date of Burial,* Sept 15th 1885

*Undertaker,* Hoffman & Son

*Place of Business,* Park & Saratoga

J. Chatham M. D.
Medical Attendant.

*Address,* 19 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86551 *Office of Registrar of Vital Statistics* Ward 8 11/1

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 12 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Kernan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* — *Months.* — *Days*

*Color,* Wht

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Stoneman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 28 yrs.

*Place of Death,* {Give Street and Number.} N. W. Neighbors Harford

*Cause of Death,* First (Primary), Gunshot wound of chest, ball entering bet. 4th & 5th ribs & penetrating

Second (Immediate), Ent. Hemorrhage

*Duration of Last Sickness,* 2 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* 15 Sept

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Baltimore St

Alexander Hill, M. D.
Medical Attendant.

Address, Corner Cent. Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 86533 *Office of Registrar of Vital Statistics.* Ward 1 U

The Physician who attended any person in a last illness, is responsible for the furnishing of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13th, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Themert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 7 Cambridge St.

*Cause of Death,* First (Primary), Entero-Colitis

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* W. F. Carroll Cem

*Date of Burial,* Sept. 15. 1885 John H. Rehberger M. D.

*Undertaker,* H. Sander Sons Medical Attendant.

*Place of Business,* 352 Canton Ave *Address,* 214 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 86533 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Butchin

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 46 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Streot and Number.} No 69 Monument St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* Sept. 14. 1885

*Undertaker,* H. Saunderson

*Place of Business,* 252 Canton Ave

M. D.
Medical Attendant.

*Address,* 1101 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 86534 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Reitemeyer

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 16 *Years,* 10 *Months,* 13 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick, Maryland

*Duration of Residence in the City of Baltimore,* Eleven Years

*Place of Death,* {Give Street and Number.} No 7 Milliman Street

*Cause of Death,* First (Primary), Hydrocephalus (Acquired)

Second (Immediate), Coma

*Duration of Last Sickness,* Eleven days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Sept 15th 1885

*Undertaker,* John Lahn

*Place of Business,* 201 Balto St

John H. Pickel M. D.
Medical Attendant.

*Address,* 256 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86533 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnie Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.} Mal

*Age,* ..... *Years,* ..... *Months,* 24 *Days*

*Color,* Whit

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Child's Hospital

*Cause of Death,* First (Primary), Mal-nutrition

Second (Immediate), —

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 14

*Undertaker,* E O Blizzard

*Place of Business,* 201 E

C. F. Brown *M. D.*
Medical Attendant.

*Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86556 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Melville

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Unknown

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Child's Hospital Infant Institute

*Cause of Death,* First (Primary), ..... Marasmus

Second (Immediate), .....

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 13

*Undertaker,* C. H. Lazenby

*Place of Business,* 2012 Pa Ave

C. F. Brune M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8653 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Carpenter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 26 *Years,* ..... *Months,* ..... *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give Street and Number.} 291 S Eutaw St

*Cause of Death,* First (Primary), Consumption.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2-6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mark Pl Cemetery

*Date of Burial,* Sept 14th 1885

*Undertaker,* Chas P. Chase

*Place of Business,* 198 S. Howard St *Address,* 55 N Green St

W. F. A. Kemp *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86538 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 7:30 A. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Mutt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 53 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} h. 22 McHenry Ct.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* One Year.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 16

*Undertaker,* J. B. Cook

*Place of Business,* Baltimore & Eutaw Address, [illegible]

Medical Attendant M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the disease and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86559 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT SEP 14 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Horstschneider

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single,~~ Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany (40 yrs in Am.

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give Street and Number.} St Josephs Hospital

*Cause of Death,* First (Primary), Old age

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cem

*Date of Burial,* Sept 15 1885

*Undertaker,* John Woeck

*Place of Business,* *Address,* 105 N Eutaw

Oscar Hoehing M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86560 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 15 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Maiden

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Bound Girl

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give Street and Number.} No. 14. N. Dallas n-

*Cause of Death,* First (Primary), Typhoid Malaria. Fever

Second (Immediate), .....

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Sept 13th 1885

*Undertaker,* S J Voelcker

*Place of Business,* 173 Eastern Ave *Address,* 238 N Broadway

Wm. L. Purnell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5471 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH

*Date of Death,* Sept. 12. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Illeginate child Hockia Lee
One of a pair of twins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 9 hours ~~Days.~~

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 11 Walnut alley

*Duration of Residence in the City of Baltimore,* 9 hours.

*Place of Death,* {Give street and Number.} 11 Walnut alley.

*Cause of Death,* First (Primary), Insufficient Animation.
Second (Immediate).

*Duration of Last Sickness,* .....

the above info matter should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 14th. 1885

*Undertaker* Saml. W. Chase

*Place of Business,* 98 S. Howard

Geo C. Shannon M. D.
Medical Attendant.

*Address,* 167 W. Biddle St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health; City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 13- 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If no infant not named, give names of parents.} Richard S. Hardesty

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 77 *Years,* 8 *Months,* 27 *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Anne Arundle Co Md

*Duration of Residence in the City of Baltimore,* 63 yrs.

*Place of Death,* {Give street and number.} 126 St Paul St

*Cause of Death,* First (Primary,) Gradual failure following attack

Second (Immediate,) of Malarial fever.

*Duration of Last Sickness,* Between 9 and 10 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem^t^ L. McLane Tiffany, *M. D.*

*Date of Burial,* Tuesday Sept 15th/85. Medical Attendant.

*Undertaker,* John N. McCoy

*Place of Business,* 22 W. Fayette St *Address* 137 Park Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

# Health Department, City of Baltimore.

Permit No. 86563 — *Office of Registrar of Vital Statistics.* — Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant McMahon

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 5 months Premature Months, 1 1/2 Hours Days

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Saratoga St No 136

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 136 Saratoga St

*Cause of Death,* First (Primary), Premature birth 5 months

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* 14th Sept

*Undertaker,* Jas McMahon

*Place of Business,* 136 Saratoga St *Address,*

Chas O'Donovan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 85614 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clinton Frazier

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ●

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 263 Raborg St

*Cause of Death,* First (Primary), ———

Second (Immediate), Spasms

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 15th 1885

*Undertaker,* H H Hunger

*Place of Business,* ———

Thomas H Clement M. D.

Attendant.

*Address,* Eutaw & D

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Dr Roberto Sant-Ines Paule

# Board of Health, City of Baltimore,

Permit No. 86565 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

H

*Date of Death,* September 14 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Essender

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days,*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} Union Protestant Infirmary

*Cause of Death,* First, (Primary,) Intemperance

Second, (Immediate,) Chronic Gastritis

*Duration of Last Sickness,* six months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park cemetery

*Date of Burial,* 15th of September

*Undertaker,* Lewis Schafer

*Place of Business,* 109 Fremont *Address,* 92 Wooster St

C. Fawcett M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86566 *Office of Registrar of Vital Statistics.* Ward 19 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Pricilla Willis.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Died Sept 13th

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* 7 *Days*

*Color,* Col

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} Single ✓

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 3 mos. 7 days

*Place of Death,* {Give Street and Number.} 349 Little Vine St

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), Marasmus

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Glosta Co. Va Poplar Grove Cemetery

*Date of Burial,* Sept 16 1885

*Undertaker,* William N Dunger

*Place of Business,* 62 East St

Wm P Chum M. D.
Medical Attendant

*Address,* 286 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3874 Transcript

[OVER.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 8657 *Office of Registrar of Vital Statistics* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Edward Holter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* —— *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 540 Harford ave

*Cause of Death,* First (Primary), Membranous Croup.

Second (Immediate),

*Duration of Last Sickness,* 2 1/2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Hoy Redeemer Ch

*Date of Burial,* Sept 15 1885

*Undertaker,* Henry Hoeck

*Place of Business,* 803 N. Caroline St *Address,* 283 N. Eden St

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86568 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* September 12. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McElroy.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months.* *Days*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Bar Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland,

*Duration of Residence in the City of Baltimore,* 60 years.

*Place of Death,* {Give Street and Number.} 5th & N. Front St

*Cause of Death,* First (Primary),

Second (Immediate), Old age.

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Sept 15 1885

*Undertaker,* Jas O Byrne

*Place of Business,* 63 Front *Address,* 55 E Balto St

J. W. Hanck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permit No. 86569

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

4°

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Virginia Oswald

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* 8 —— *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 2 Months

*Place of Death,* {Give street and number.} 45 N. Centrac Ave

*Cause of Death,* First, (Primary.) Tabes Mesenterica

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 2 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* 16th Sept

*Undertaker,* C. Fink

*Place of Business,* 461 W. Gay Address, 154 E. Balto St

Wm H. Norris M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 86570 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz. Strawbridge

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* About 3 yrs

*Place of Death,* {Give Street and Number.} 71 Gregmont Ave

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Roxbury Garfield Mo

*Date of Burial,* Sept 16th 1885

*Undertaker,* L. L. Walker

*Place of Business,* 1 Fountain Place

J. H. Robinson M. D.
Medical Attendant.

*Address,* 35½ Gregmont Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3875 Transit

# Health Department, City of Baltimore.

Permit No. 8657 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Eli Fish

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 4 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 44 Barkley St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Sept. 15th 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 138 E. Eager St.

Wm. D. Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8657½ *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Shue

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 27 N. Greene st

*Cause of Death,* First (Primary), Injuries from a

Second (Immediate), Runaway accident

*Duration of Last Sickness,* about 40 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept. 15th 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St

Wm A. Jones M. D.

Coroner Medical ~~Attendant~~.

Address, 226 Hollins st city

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86573 *Office of Registrar of Vital Statistics* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 14 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elizabeth Smith

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 231 n Eden

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 231 n Eden

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheritic Croup

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept 15th

*Undertaker,* Geo. Schilling

*Place of Business,* Holland Square

O S Mahon M. D.
Medical Attendant.

*Address,* Eden St 136

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8657 *Office of Registrar of Vital Statistics.* Ward 19?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sep 13 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Fahey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* ..... *Months.* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Driver Harlem Stage Co

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* {Give Street and Number.} No - Bruce St Between

*Cause of Death,* First (Primary), .....

Second (Immediate), Consumption

*Duration of Last Sickness,* about 8 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* September 15th 1885.

*Undertaker,* Martin Fahey.

*Place of Business,* 126 & 128 E. Townsend *Address,* 8 N Howard St

M K Mann M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86575 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Dressell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Glassplacker

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} 56 Hamburg St

*Cause of Death,* First (Primary),

Second (Immediate), Cancer of Stomach

*Duration of Last Sickness,* one Year

All the above Information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Sept 15th

*Undertaker,* B. Hank

*Place of Business,* 87 West st

A. C. Buck M. D.
Medical Attendant.

*Address,* 151 Hanover st

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86576 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

13

## CERTIFICATE OF DEATH

*Date of Death,* Sept 13 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane R. Freeman

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* ..... *Months.* ..... *Days*

*Color,* ~~col~~

*Married,* ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 212 Dover st

*Cause of Death,* First (Primary), .....

Second (Immediate), Consumption

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Sept 16 1885

*Undertaker,* Hercules Ross

*Place of Business,* 96 Eon "Hay St *Address,* 124 N. Exeter

E. C. Baldwin M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8677 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 14. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Graham

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 8 *Months,* 5 *Days*

*Color,* Col

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md

*Duration of Residence in the City of Baltimore,* 25 yrs.

*Place of Death,* {Give Street and Number.} 58½ St. Mary St

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sep 16 1885

*Undertaker* A. C. Hennighy

*Place of Business,* 116 Eutaw and 16 St

J. E. Atkinson M. D.
Medical Attendant.

Address, 19 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 86578

*Office of Registrar of Vital Statistics.* 3 11

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecka Bishop

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Caroline County

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* {Give street and number.} Bethel St No 15.

*Cause of Death,* First, (Primary.) Anasarca

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 12 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cem

*Date of Burial,* Sep 16 16

*Undertaker,* W. Robertson & Co

*Place of Business,* 253 E. Lombard St

John A Schultz M.D.,
Medical Attendant.

*Address,* 1 E Chas Gough & Ed.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. . . . . [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86579 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Flock

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 117 Ridgely St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ft. Mchenry

*Date of Burial,* Sept 15 1885

*Undertaker,* A Rosenberger

*Place of Business,* 70 Mulberry *Address,* 1469 Hanover

Thos Bode M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 82586 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH. a

*Date of Death,* 14 Sept. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Diamond

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* X *Years,* X *Months.* 30 *Days*

*Color,* W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 109 Cambridge St.

*Cause of Death,* First (Primary), Spina Bifida.

Second (Immediate), Basal Meningitis with Convulsions

*Duration of Last Sickness,* 30 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cem.

*Date of Burial,* 15th September

*Undertaker,* W. Diffel

*Place of Business,* 121 E. Bond St.

B. F. Leonard M. D.
Medical Attendant.

*Address,* 314 E. Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 86381 *Office of Registrar of Vital Statistics.* Ward 8½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Simmons

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 6 *Months,* 21 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. County Md.

*Duration of Residence in the City of Baltimore,* Six Years

*Place of Death,* {Give street and Number.} No 3 Federal St.

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Ulceration of Bowels + diarrhoea - Pyemian Poison

*Duration of Last Sickness,* about two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Bern

*Date of Burial,* Sept 15th 1885

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St *Address,* 209 W Biddle St

R. K. Mennick M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86582 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 14, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* — *Years,* — *Months,* 16. *Days*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 6 Bohemian Court.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Inanition.

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury cemetery

*Date of Burial,* Sept 16 1885

*Undertaker,* W. W. Madden

*Place of Business,* 76 East St

A. V. Gouviler M. D.
Medical Attendant.

*Address,* 96 S. Ann St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86583 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bowne

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 3 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto County

*Duration of Residence in the City of Baltimore,* 2 yrs 2 mos

*Place of Death,* {Give Street and Number.} 11 E Cross St

*Cause of Death,* First (Primary), Asphyxia

Second (Immediate), Paralysis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cem.

*Date of Burial,* Sept 16 1885

*Undertaker,* G. Francis

*Place of Business,* Frank & Wolf *Address,* 23 Eutaw St

C. Julian M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86584 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 15 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. B. Ellender

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 213 Harford Ave

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Bronchitis

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 16th

*Undertaker,* H. A. Wiedefeld

*Place of Business,* 60 Greenmount Ave

Medical Attendant Chas Brooke Bryan M. D.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to the Rules

# Health Department, City of Baltimore.

Permit No. 86585 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Power

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 Hours ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 118 E Biddle st

*Cause of Death,* First (Primary),

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 15th 1885

*Undertaker,* Adam Fink

*Place of Business,* No 467 W Fayette *Address,* Corner B & R

James A Steuart M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M M'Keown Sanitary Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Scattered Here & There on the Back of this.

# Health Department, City of Baltimore.

Permit No. 86586 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPERLY CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Wesley

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 7 mts

*Place of Death,* {Give Street and Number.} 85 Williamson

*Cause of Death,* First (Primary), Gastro-enteritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 16 1885

*Undertaker,* Hercules Bon

*Place of Business,* 95 Eon Fayette St *Address,* 313 Lafd

R A P Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Blanks on Back of This ...

# Health Department, City of Baltimore.

Permit No. 81587 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Balzer

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 77 Thames St

*Cause of Death;* First (Primary), Cholera Infantum.

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* H. O. Ground

*Date of Burial,* September 16. 85

*Undertaker,* F. Crack & Co

*Place of Business,* 215 S Bond St *Address,* 443 Aliceanna St

John H. Kelberg M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8588 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 16 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Schupp

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 10 hours *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 355 Orleans St.

*Cause of Death,* First (Primary), Eclampsia

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co. Md.

*Date of Burial,* Sep 16 th 1885

J. H. Cordenberg M. D.
Medical Attendant.

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St. *Address,* 344 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 86587 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

B

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* October 14. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia M. Green

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* House Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Since Born 20 Years

*Place of Death,* {Give street and Number.} 857 Park Ave

*Cause of Death,* First, (Primary,) Malignant tumor of abdomen

Second, (Immediate,) Dropsy + exhaustion

*Duration of Last Sickness,* More than a year.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 16th 1885

*Undertaker,* H. H. Jenkins

*Place of Business,* Parks Saratoga

Wm. Cary Thomas M. D.,
Medical Attendant.

*Address,* 317 Madison Ave.

HEALTH DEPARTMENT
SEP 19 1885
BALTIMORE, MD.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 16590 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Overs.

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days*

*Color,* Colored.

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Whitewasher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 25 years -

*Place of Death,* {Give Street and Number.} 555 Vincent alley

*Cause of Death,* {First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 mths

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharp st cemetery

*Date of Burial,* Sept 16th 1885

*Undertaker,* Wm. L. Dungee

*Place of Business,* 62 East, st *Address,*

W. Ricketts M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 88191 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Wolf

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 5 *Months,* *Days*

*Color,* ~~White~~ Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* x x x

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 130 N Regester St.

*Cause of Death,* First (Primary), Catarrhal Fever

Second (Immediate),

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Sept 16th 1885

*Undertaker,* W. P. Burgess

*Place of Business,* 62 East St. *Address,* 299 E Balto St

James E Daniels M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 86192

*Office of Registrar of Vital Statistics.* 810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Bryan.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married,* ~~*Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the word not required in this line.} married

*Occupation,* no occupation

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Westmoreland Co. Virginia

*Duration of Residence in the City of Baltimore,* since she was a child

*Place of Death,* {Give street and number.} 331 North St

*Cause of Death,* First, (Primary.) Brights Disease

Second, (Immediate.) Suppression of urine.

*Duration of Last Sickness,* Has been sick four years.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept. 17th

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle St. *Address,* 93 Harlem Ave

Amanda Taylor Morris M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 18173 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. SEP 16 1885

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Maroon

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.} Female

*Age,* 13 Years, ~ Months, ~ Days

*Color,* White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

~~Occupation~~,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give Street and Number.} No 47 Lancaster st

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cemetery

*Date of Burial,* Sept 16th 1885

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Ave *Address,* 22 Goucher Square

Thos. B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8594 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos W. Bollman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 8 *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 118 Burgundy St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Salto Cemetery

*Date of Burial,* Sept 16th 1885

*Undertaker,* Wm J Tuckner

*Place of Business,* 65 S Eutaw St *Address,* 151 Mason St

J C Bush M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Regulations herein and to those on Back of ...

# Health Department, City of Baltimore.

Permit No. 10595 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 16 1885
BALTIMORE, M.D.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Neepier

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 66

*Place of Death,* {Give Street and Number.} 2 W Light

*Cause of Death,* First (Primary), Gastro-enteritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 16/1885

R M P Ellis M. D.
Medical Attendant.

*Undertaker,* Armstrong & Young

*Place of Business,* 263 Light Address, 263 Light st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 8596

*Office of Registrar of Vital Statistics.*

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dougherty

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Minister

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 50 yr.

*Place of Death,* {Give Street and Number.} 137 Hanbury

*Cause of Death,* First (Primary), Typho-Malarial fever

Second (Immediate), Apnoea

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 17 1885

*Undertaker,* [illegible]

*Place of Business,* 263 Light

B. H. Ellis M. D.
Medical Attendant.

*Address,* 843 Light

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86597 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dropt

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* Years, 8 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 39 Patapsco St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 17

*Undertaker,* B. Hearle

*Place of Business,* 52 West St

J. C. Burdo M. D.
Medical Attendant.

*Address,* 154 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 80598 *Office of Registrar of Vital Statistics.* Ward ~~11~~ 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Roberson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* *Days*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 160 Bond st

*Cause of Death,* First (Primary), Smothered in bed

Second (Immediate), accidentally

*Duration of Last Sickness,* found dead in the morning

All the above information should be furnished by the Physician.

*Place of Burial,* Mark st Cemetery

*Date of Burial,* Sept 16th 1885

*Undertaker,* Saml W. Chase

*Place of Business,* 198 S. Howard st

W. C. Jones M. D.
Coroner
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8599 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE

*Date of Death,* Sept 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodrick Mitchell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 12 *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No. 5 Clinton Ave

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Public Cemetery

*Date of Burial,* Sept 16th 1885

*Undertaker,* H. A. Kershner

*Place of Business,* Address, Eaton & R.

James A. Steuart M. D.
Official Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

W. E. Roberts Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 86600 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 12 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Mandy

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 6 *Months.* ..... *Days*

*Color,* Black

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 20 Boulden alley

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Chronic Diarrhea

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemy

*Date of Burial,* Sept 13 1885

*Undertaker,* Reid & Lechner

*Place of Business,* 129 Arlington Av *Address,* 92 Hoadley St

C. Fawcett M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8801 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 16 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Müller

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Dürning life

*Place of Death,* {Give Street and Number.} 409 McHenry St

*Cause of Death,* First (Primary), Chronic Gastro Enteritis.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 11 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 17

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Baltimore

*Address,*

T. Rickert M. D.

Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8602 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15th/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Boyle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years.* *Months.* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Soldier

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give Street and Number.} 53 Dunbury Alley

*Cause of Death,* First (Primary), Hypertrophy, & Valvular Disease of Heart

Second (Immediate),

*Duration of Last Sickness,* Eight months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Sep 17/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St

John Neff M. D.
Medical Attendant.

*Address,* 306 [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY ▲ FILM

# Health Department, City of Baltimore.

Permit No. 8603 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 16 1885

D

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George J. Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months.* 5 *Days*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 87 Parkin St

*Cause of Death,* First (Primary), Laryngitis

Second (Immediate), Abscess

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Schwartz's Cem. Frankford

*Date of Burial,* Sept. 16/85

*Undertaker,* J. B. Cook

*Place of Business,* 407 W. Balto St. *Address,* 343 W. Lombard St

A. M. Colburn *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86604 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED SEP 16 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Leonard

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 yr

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Atheromatous dg of Arteries & Senility

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 17th 85

*Undertaker,* Wm Eakin & Sons

*Place of Business,* Park & Saratoga

Frank C. Bruscher M. D.
Medical Attendant.

Address, City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 86805 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Zimmerman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* 2 *Months,* 19 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Paper hanger

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 422 W Fayette St

*Cause of Death,* First, (Primary,) Typhoid fever

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Three weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 15

*Undertaker,* C. Blizzard

*Place of Business,* 27

H. M. Simmons M. D.,
Medical Attendant.

*Address.* 2731 Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the General Instructions on the back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8606 — *Office of Registrar of Vital Statistics.* — Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15th, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Sebleski

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 2 *Years,* 5 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 249 S. Ann St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Sept. 16th 86

*Undertaker,* G. France

*Place of Business,* Bantz & Wolf & *Address,* 243 Shen Ann St

John H Kehlberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8602

*Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 16 1895

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1895

*Full Name of Deceased,* {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Edron Sherman Drinks

*Sex, Male or Female,* {Cross out the word not required in this line.} Drinks

*Age,* — *Years,* 5 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Portland

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} Cor Stricker & Harrold

*Cause of Death,* First (Primary),

Second (Immediate), Uremia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Sept. 16th '95

*Undertaker,* G. Franz

*Place of Business,* Franz & Wolfe | *Address,* 23 Clark St.

E. Jordan M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8608

*Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. SEP 16 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Lefort

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 7 Mths *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* XXX

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 257 S. Dallas St

*Cause of Death,* First (Primary), Catarrhal Pneumonia

Second (Immediate),

*Duration of Last Sickness,* Six hours One hour

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* 16th September

*Undertaker,* H. Diffpel

*Place of Business,* 151 S. Bond St

James E Driscoll M. D.
Medical Attendant.

*Address,* 247 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86609 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1885 (Borchers)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Borchers

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Four (4) *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} N E Cor Washington Ave & Hill St

*Cause of Death,* First (Primary), Diphtheritis

Second (Immediate), Asthenia

*Duration of Last Sickness,* Three (3) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* 16th September

*Undertaker,* H Dippel

*Place of Business,* 167 S Bond Address, or Exact Residence

S. Ed. Sloan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Notices below and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8610 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. J. Burke

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* 9 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Sale

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 350 S. Bond St.

*Cause of Death,* First (Primary), Pulmonis Inflammation

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Three month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept. 18. 1885

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Bdwy

G. C. Cook M. D.
Medical Attendant.

*Address,* Balt. & Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8611 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Adelle Watt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* One *Years,* 11 *Months,* 16 *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* a

*Place of Death,* {Give Street and Number.} 66 N. Bond ave

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Pikesville Balto Co

*Date of Burial,* Sept 17. 85

*Undertaker,* M. A. Dugan

*Place of Business,* 74 S. Bdwy

G L Mitchell M. D.
Medical Attendant.

*Address,* 44 N. Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

# Health Department, City of Baltimore.

Permit No. 8672 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos B Naughton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* — *Months,* — *Days.* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 74. N. Front St

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* 15 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cy

*Date of Burial,* Sept 17. 1885

*Undertaker,* Jas P Byrne

*Place of Business,* 63 N Front St

Edw J. Millholland M. D. Medical Attendant.

*Address,* 283 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

f

# Health Department, City of Baltimore.

Permit No. 8813 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 16 1885

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L Carter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} cor. Light & Fort Sts.

*Cause of Death,* First (Primary), a pistol shot wound

Second (Immediate), through the heart

*Duration of Last Sickness,* about 12 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* Sept 17th 1885

*Undertaker,* C.P. Krauserdon

*Place of Business,* 209 Hanover *Address,* 326 Hollins

W A Dunn M.D.

Coroner

Medical Assistant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8814 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 16 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John, M. May

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 10 Months, 10 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 12 Amity bet Saw

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Sept 17th 1885

*Undertaker,* C.F. Kraus & Son

*Place of Business,* 209 Hanover

J. C. Bunch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully [illegible] this Cer[illegible]

# Board of Health, City of Baltimore,

Permit No. 86615 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 15th Sept 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} J. J. Millie Dietz

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 18 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore ✓

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 208 8 Charles

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 mths

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimo. Cemetery

*Date of Burial,* Sept 17

*Undertaker* M Doyle

*Place of Business,* 200 Scharf St

A. P. Dodge M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That, whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8612

## Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* September 15, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Barber.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 348 Alice Anna St.

*Cause of Death,* First (Primary), ———

Second (Immediate), Phthisis.

*Duration of Last Sickness,* 8 months.

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Cadmus Cem

*Date of Burial,* Sept 17 1885

*Undertaker,* H. Lander & Son

*Place of Business,* 252 Gaulon Address, 96 S. Ann St.

A. V. Gosnriler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8617 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* September 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie M. Peacock

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* six *Months,* & two *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore.* Life time

*Place of Death,* {Give Street and Number.} 20 Laurel St.

*Cause of Death,* First (Primary), Anemia Marasmus

Second (Immediate),

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept. 17: 1885

*Undertaker,* Thos. F. Evans & Co

*Place of Business,* Eager & Valley Sts *Address,* 105 W. Central Ave

Francis A. Lauer M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86618 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death.* Sept. 16, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Clark

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U.S.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 71 Forster alley

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum.

*Duration of Last Sickness,* 1 wks.

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross cem

*Date of Burial,* Sept 17 1885

*Undertaker,* Martin Fahey

*Place of Business* 128 Lovendale Address, 242 N. Eutaw St.

O Edw. Lunney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8619 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

*Date of Death,* Sept 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hart

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 21 Years

*Place of Death,* {Give Street and Number.} 13 S Howard Alley

*Cause of Death,* First (Primary), Cancer of Nose

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Sep 18: 1885

*Undertaker,* M Delaney & Son

*Place of Business,* 97 S. Eutaw *Address,* [illegible]

Geo B Lemmon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86620 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death.* Sept 15 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C Clark

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 00 Months, 11 Days

*Color,* [illegible]

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} [illegible]

*Occupation,* [illegible]

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md Co

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} 24 N Howard

*Cause of Death,* First (Primary), Marasmus - Convulsions

Second (Immediate), Same

*Duration of Last Sickness,* 31 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* 17th Sept

*Undertaker,* Daniel Hynes

*Place of Business,* 167 West St

G. L. Winter M. D.
Medical Attendant.

*Address,* 74 Co. Bridge

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8662 1/ *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13-85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Blake (Col'd)

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Oyster Shucker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Tramatic Spinal Meningitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Chase station Balto Co

*Date of Burial,* Sept 17th 1885

*Undertaker,* Wm N Dungee

*Place of Business,* [redacted] East, 34 =

Frank C Bowles M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3876 Transcribed

[over.]

# Health Department, City of Baltimore.

Permit No. 86622 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Freeburger

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 7 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 527 Fremont Ave

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Ballo Cemt

*Date of Burial,* Sept 18th

H. L. Howse M. D.

Medical Attendant.

*Undertaker,* J. E. Monahan

*Place of Business,* 298 Fremont Ave *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to date of Disease on Date of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86623 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Steven

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 45 *Years,* 3 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa.

*Duration of Residence in the City of Baltimore,* 43 Years

*Place of Death,* {Give Street and Number.} 314 E. Chase St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 17/85

*Undertaker,* Wm S Fry

*Place of Business,* 61 W Broadway *Address,* 283 N. Eden St

E. B. Fenby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...he Special Attention of Physicians is respectfully invited to the ... of this Certificate

# Board of Health, City of Baltimore,

Permit No. 86624 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH. 74

*Date of Death,* Sept 16 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Collier French

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 11 *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ✓

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Carroll Co Md

*Duration of Residence in the City of Baltimore,* One Month

*Place of Death,* { Give street and Number. } 57 St Paul St

*Cause of Death,* First (Primary),

Second (Immediate) Marasmus

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept 17 1885

Thos J Ward M. D.
Medical Attendant.

*Undertaker* Geo Rinehart

*Place of Business,* Health Dep't *Address,* 57 St Paul St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 86625 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Milburn

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 5 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 261 Orleans st

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 17th 1885

*Undertaker,* J. L. Locks. James A Lewis M. D.

Medical Attendant.

*Place of Business,* 73 Jefferson st *Address,* Canton Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M M Kewen Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 80626 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 17 1885
BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Daly

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Unknown

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} "

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Pneumonia Malarial Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Was in Hospital two days.

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub County

*Date of Burial,* Sept-16 1885

*Undertaker,* F C Eschner

*Place of Business,* 129 Arlington Ave *Address,* Univ Hospital

R. D Warfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore,**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8667 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolin Ovelgnne

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 8 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 99 S. Dallas st Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 99 S. Dallas st.

*Cause of Death,* First (Primary), Trismus Nascentium

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Sept 17

*Undertaker,* Randall Dieges

*Place of Business,* 1071 Fond *Address,* 50 Aisquith

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86628 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertie Jackson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 9 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 12 Bass St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Ebenezer Cemetery

*Date of Burial,* Sept 17th 1885

*Undertaker,* Saml N. Chase

*Place of Business,* 178 S Howard St *Address,* 554 W Fayette

Paul K. Kneas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 86629 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 16 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eleanora Ellis

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* One *Years,* *Months.* *Days,*

*Color,* Negro

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 41 Hunter St

*Cause of Death,* First (Primary), Infantile Convulsions

Second (Immediate), Apnoea

*Duration of Last Sickness,* A few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry C. Cemetery

*Date of Burial,* Sept 17th 1885

*Undertaker,* Saml W. Chase

*Place of Business,* 198 S. Howard St *Address,* Cor Bury & Barnes

L B Schwatka M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

# Health Department, City of Baltimore.

Permit No. 86630 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H. Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.} a

*Age,* 9 *Years,* 8 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md. V

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 217 Forrest St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asphyxia.

*Duration of Last Sickness,* six days.

All the above information should be furnished by the Physician.

*Place of Burial,* St James

*Date of Burial,* Sept 17 th

*Undertaker,* N. C. Widefield

*Place of Business,* Go Spring Ave *Address,* 205 E. Central Ave

Francis T. Lane M. D.
Medical Attendant

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8663 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* September 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Townsend Schorse

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* 18 *Days*

*Color,* white

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Two & one half years.

*Place of Death,* {Give Street and Number.} No 171½ Binney Street

*Cause of Death,* First (Primary), Malaria -

Second (Immediate), Anaemia & Exhaustion

*Duration of Last Sickness,* Several weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St German Cemtry

*Date of Burial,* Sept. 17th 1885

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann

J. P. Martenet M. D.
Medical Attendant.

*Address,* Belair Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86633 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1885 BALTIMORE, MD

*Date of Death,* Sept 16 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Farrell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* 9 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Northumberland

*Duration of Residence in the City of Baltimore,* 4 yrs.

*Place of Death,* {Give Street and Number.} 117 S. Eden St.

*Cause of Death,* First (Primary), —

Second (Immediate), Diphtheria

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews

*Date of Burial,* Sept 17 1885

*Undertaker,* M Lunt

*Place of Business,* 48 Bank

A. Fourcade M. D.
Medical Attendant.

*Address,* 96 S Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86633

## Office of Registrar of Vital Statistics.

Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT SEP 17 1885 BALTIMORE MD

*Date of Death,* Sept 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Robert Baldwin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 2 *Months,* 12 *Days*

*Color,* White B

*~~Married~~, Single, ~~Widow~~ Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City -

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Nr. 240 N. Bond St

*Cause of Death,* First (Primary), Typhoid Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 20th

*Undertaker,* Geo Schilling

*Place of Business,* 23 Hanover Square

Wm L. Rennie M. D.

Medical Attendant.

*Address,* 238 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86634 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP. 17 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann G Livesay

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* 9 *Months,* ——— *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give Street and Number.} 754 W Pratt St

*Cause of Death,* First (Primary), Chronic Enteritis

Second (Immediate), " "

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem

*Date of Burial,* Sep. 17/85

*Undertaker,* J. B Cook

*Place of Business,* 709 W Balto St

Thos Okie M. D. Medical Attendant.

*Address,* 179 N. Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86635 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 17. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L Barrow

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 3 Bohemian Al.

*Cause of Death,* First (Primary), Membranous Croup

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian National Cem.

*Date of Burial,* Sep 18/85

*Undertaker,* Frank Leach & Co.

*Place of Business,* 219 N. Durham *Address,* Balto Md.

H. G. Runtz M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86636 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Owens

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* *Months.* *Days*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 376 Myrtle ave

*Cause of Death,* First (Primary), Suddenly of

Second (Immediate), heart disease

*Duration of Last Sickness,* about 20 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 18. 85

*Undertaker,* Alexander Kennedy

*Place of Business,* 116 Orchard st

Wm A. Jones M. D.

~~Medical Attendant.~~ Coroner

*Address,* 326 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86637 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sep. 17. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Warfield

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* ..... *Months,* ..... *Days*

*Color,* Col

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ~~—~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give Street and Number.} 123 Linden ave

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 10 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 19th 1885

*Undertaker,* Alex Hunsley

*Place of Business,* 116 Orchard St *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86638

*Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT. SEP. 18 1885 BALTIMORE, MD.

*Date of Death,* Sept 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias N Tyler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, Seven Months. Four Days

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ball

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 5 Lancaster St

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate),

*Duration of Last Sickness,* 5 or 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Ainey ~~Ba~~ Frederick I have not seen it for a month, saw it twice at my office.

*Date of Burial,* Sep 20 1885

*Undertaker,* Alexander Kennedy

*Place of Business,* Merchandize

Elias 6 Price M. D.
Medical Attendant.

*Address,* 262 Madison

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3877 Parnell

[over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 8639 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas L Bow

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 15 hours ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 684 W Pratt pr

*Cause of Death,* First (Primary), Imperfect development of Heart

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 15 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sept 19th 1885

*Undertaker,* S. M. Leonard

*Place of Business,* 712 W. Baltimore

Rines Bailey M. D.
Medical Attendant.

*Address,* 319 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86640 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16-1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burton Watts

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* *Months,* *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Back Basin Back Street

*Cause of Death,* First (Primary), Accidentally Drowned

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub. Cemetery

*Date of Burial,* Sept 17-1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Department *Address,* 108 Fayette St

C. Hall Burdge M. D.
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86641 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace White

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days*

*Color,* Col.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 5 yrs

*Place of Death,* {Give Street and Number.} 14 Mulberry Ct.

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Shurpst cemetery

*Date of Burial,* Sept 19 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Cor Hays St *Address,* 616 W Balto. St.

B. S. Stevens, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86642 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 17 Septemba

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inez Moby

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* Eight *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cambridge Dorchester Co. Md

*Duration of Residence in the City of Baltimore,* Three months

*Place of Death,* {Give Street and Number.} No. 5 N. Gilt. City

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Septe 18 1885

*Undertaker,* Hercules Burr

*Place of Business,* 95 Low Pratt St *Address,*

C. D. Voss *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 86643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17th. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Tater Guyton

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} M

*Age,* Nine Years, 19 *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 271 N. Central Ave

*Cause of Death* First, (Primary.) Typhoid Fever

Second, (Immediate.)

*Duration of last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* Sept 18th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St

H C Ireland M. D.
Medical Attendant.

*Address,* 208 N. Howard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86644 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16 ~ 188

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Spittal

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* 11 *Months,* 1 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* House Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ga.

*Duration of Residence in the City of Baltimore,* Since infancy

*Place of Death,* {Give Street and Number.} 52 Lemon St.

*Cause of Death,* First (Primary), Typho Malarial Fever

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 18th 1885

*Undertaker,* Geo. Leimbach

*Place of Business,* 349 W. Fayette St. *Address,*

H. Ricketts *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86645 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Zimmerman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 7 *Months,* 19 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 Yrs

*Place of Death,* {Give Street and Number.} 499 W Pratt St

*Cause of Death,* First (Primary), Phthisis & Pneumonia

Second (Immediate), Septicaemia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Sept 19th 1885

*Undertaker,* Fka Leinbach

*Place of Business,* 389 W. Pratt St *Address,* 46 Hanover St

Theodore Boos M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86646 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna A Phipps

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months.* 7 days *Days*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 45 S. Calhoun St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Apnoea

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept. 19/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto *Address,* 343 N. Lanvale St

A. McC. Colburn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86647 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 17. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Sullivan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months.* *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* Two weeks.

*Place of Death,* {Give Street and Number.} 282 Columbia ave

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* three (3) Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Sep 19/85.

*Undertaker,* J B Cook

*Place of Business,* 707 W. Balto St *Address,* 357 W Lombard St

H. L. Thein M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86648 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Louse

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* 11 *Months,* 7 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 yrs

*Place of Death,* {Give Street and Number.} 11 St- Spring St.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Cemetery

*Date of Burial,* Sep 18 th 1885

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St *Address,* 15 Exeter St.

F. J. Moyer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 86649 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Melville Bernei

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 3 *Months,* 24 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* V

*Place of Death,* {Give street and Number.} 234 W Lombard St

*Cause of Death,* First (Primary), Inflammation of the Bowels

Second (Immediate),

*Duration of Last Sickness,* Two Weeks

the above information should be furnished by the Physician.

*Place of Burial,* Eden St Synagogue Burying ground,

*Date of Burial,* Sunday. Sept. 20th 1885 at 4-30 p.m.

*Undertaker* Jr. D. Sandham.

*Place of Business,* 38 N. Greene St

A R Steele M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. "*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8665 *Office of Registrar of Vital Statistics.* Ward 9 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 1885 18th of September

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ 8 *Months,* ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 34 Dover st

*Cause of Death,* First (Primary), Teething

Second (Immediate), Congestion of the Brain

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 19/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St *Address,* 837 N. Pratt St.

L. R. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86651

## Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18 [illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E Anderson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 28 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} [illegible]

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 89 Fort Av

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Harpers Ferry W. Va

*Date of Burial,* Sept 19 1885

*Undertaker,* B. Hall

*Place of Business,* West St

R. J. H. Tall M. D.
Medical Attendant.

*Address,* 152 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3879 Transcripts

[over.]

# Health Department, City of Baltimore.

Permit No. 86652 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaret.

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 5 *Months,* ——— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept. 19/85

*Undertaker,* Robert Robinson.

*Place of Business,* Robinson & Irwin

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem Av. & Calhoun

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86653 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Friday, Sept. 18th. 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilmer L. McCauley,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 2 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 79 Aisquith St

*Cause of Death,* First (Primary), Meningitis - Marasmus.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Septbr 19 1885

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Gaulton Ave *Address,* Shaw St 1 Floor Front

Elmer Britton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 86652 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if not sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

84

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 17. '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna R[illegible]

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Brights Disease

Second (Immediate), Coma

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 19th

C. W. Mitchell M. D.
Medical Attendant.

*Undertaker,* Geo Schilling

*Place of Business,* [illegible] *Address,* University Hospital

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86653 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 19 1895 BALTIMORE, MD

*Date of Death,* Sept. 17 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 485 N. Fremont St

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 9 mths

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery.

*Date of Burial,* September 19th 95

*Undertaker,* Martin Fraley

*Place of Business,* 126 128 W Fairmount *Address,*

L Ricketts M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86656 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Taylor

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* Eleven *Years,* ——— *Months,* Ten *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} S.W. Cor. Ann & Fairmount Ave.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* Sept 19 th

*Undertaker,* H. C. Windefeld

*Place of Business,* 90 Fremont Ave *Address,* 195 W. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8665 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Thornton C

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 3 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} No 146 Hughes

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonaventure Cemetery

*Date of Burial,* Sept 19th 1885

*Undertaker,* S. Thornton

*Place of Business,* 22 York St

L. C. Bruch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86658 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 17

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Spink

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months.* 18 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 59 Monroe St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Congestion of Lungs

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Sept 20th 1886

*Undertaker,* Jos B Cook

*Place of Business,* 1707 W Baltimore

L R Wilson M. D.
Medical Attendant.

*Address,* 837 N. Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8659

## Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah B. Lantz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 8 *Months.* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 88 Rumsey St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Sept 17th 1885

*Undertaker,* Jno B. Leak

*Place of Business,* 707 W. Baltimore

B. F. Phillips M. D.
Medical Attendant.

*Address,* 311 N. Eutaw St.

SEP 19

BALTIMORE, MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86668 *Office of Registrar of Vital Statistics.* Ward 14 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nola M. Motley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 3 *Months.* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 520 S. Carrollton Ave

*Cause of Death,* First (Primary), Hypertrophy & Valvular Disease of Heart.

Second (Immediate), ~~Convulsions~~

*Duration of Last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 20th 1885

*Undertaker,* Jos R Lee

*Place of Business,* No 704 W Balto

John Neff M. D.
Medical Attendant.

*Address,* 520 S Carrollton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86661 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Ford

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Glass Blower

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Jersey State

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} 197 Lee St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 3 Years

All the above information should be given by the Physician.

*Place of Burial,* [redacted]

*Date of Burial,* Sept 21 1885

*Undertaker,* [illegible]

*Place of Business,* 263 Light *Address,* [illegible]

Treasure Cook M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3880 Traveler

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86662 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD SEP. 19 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16th '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Elcas

*Sex,* ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ~~Thirty~~ 69 *Years,* ~~*Months,*~~ ~~*Days.*~~

*Color,* Black

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md.

*Duration of Residence in the City of Baltimore,* Thirty eight years

*Place of Death,* {Give Street and Number.} No. 81 Moore alley

*Cause of Death,* First (Primary), Scrofula

Second (Immediate), Leukicemia

*Duration of Last Sickness,* Eighteen months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Com

*Date of Burial,* Sept 20th 1885

*Undertaker,* Wm J Gray

*Place of Business,* 65 Smithson

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 8667 Office of Registrar of Vital Statistics. Ward 3 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 19 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Septr 18 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. Tuch

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 32 *Years,* 4 *Months,* 11 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation* Shoefinisher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 12 N. Wolfe st

*Cause of Death.* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Sept 20th '85

*Undertaker* G. Franc

*Place of Business,* Banks Wolfe Sts *Address,* 325 E Baltimore st

Geo. Dausch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86663 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sep 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Foltz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 2 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 314 Mulberry St

*Cause of Death,* First (Primary), Premature Birth (6 mos

Second (Immediate), Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sep 19th 1885

*Undertaker,* J Andrews

*Place of Business,* 40 Hill ave Address, Baltimore Md

Thos Adams M. D.

~~Medical Examiner.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W L Roberts Asst Inspect

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8666 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Albers

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 11 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 282 Fort

*Cause of Death,* First (Primary), Intermittent Fever

Second (Immediate), Congestive Chills

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olive Cemetery

*Date of Burial,* Sept 20th

*Undertaker,* B. Harle

*Place of Business,* 82 West St

C. A. Cooke M. D.
Medical Attendant.

*Address,* 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86665 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD

*Date of Death,* Sept. 18. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ellen Dunn

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 60 ~~22~~ *Years,* *Months,* *Days*

*Color,* Colored

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 34 S. Charles st.

*Cause of Death,* First (Primary), Carcinoma of duodenum

Second (Immediate), Peritonitis (secondary)

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Sept 19th

*Undertaker,* John E. Grace

*Place of Business,* S. Caroline st-142

G. G. Lusk M. D.
Medical Attendant.

*Address,* Balt. & Gay

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86666 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
SEP 19 188
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 18. 188

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr della Whitfield

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Years, 7 Months, Days

*Color,* White

*~~Married~~, Single, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 384 E. Madison St

*Cause of Death,* First (Primary), Hooping Cough

Second (Immediate), Bronchitis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Hebrew.

*Date of Burial,* Sept 20 to 1885

*Undertaker,* John Keenan

*Place of Business,* 382 Orleans St. *Address,* 75 E Balto St

I. W. Hanck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86667 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP. 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel G. Scott

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~ Years, ~~ Months, 1/48 Days

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 50 China St.

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem.

*Date of Burial,* Sept. 19" 1885.

*Undertaker,* N. Ross.

*Place of Business,* Conway St.

Thos. F. Kemp M. D.
Medical Attendant

Comm. of Health & Registrar
Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning = Inspector

# Health Department, City of Baltimore.

Permit No. 8668. *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

PRACTICE OF MEDICINE SEP 19 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH

*Date of Death,* Sept 19" 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William. H Hill

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~~ *Years,* 4 *Months,* ~~~ *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 320 Hamburg

*Cause of Death,* First (Primary), Mal" nutrition

Second (Immediate), Cho" Infantum

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Sept 20" 1885

*Undertaker,* Geo" W Perkins

*Place of Business,*

Jas. H. Stone M. D.

Com'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 86669 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bishop Henry Champlin Lay D.D.

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 61 *Years,* 9 *Months,* 11 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation* clergyman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Richmond Va

*Duration of Residence in the City of Baltimore,* 12 days

*Place of Death,* {Give street and Number.} Church Home & Infirmary

*Cause of Death.* First (Primary), Disease of Heart

Second (Immediate), Chronic Disease

*Duration of Last Sickness,* some years

the above information should be furnished by the Physician.

*Place of Burial,* Easton Md.

*Date of Burial,* Sept. 20/85

*Undertaker* M. A. Daiger

*Place of Business,* 348 Eutaw

L Donaldson M.D.
Medical Attendant.

*Address,* 108 Park Av

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3881 Fremont

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 86670 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 19 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine B. Hamsher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 85 N. Mc Mechen & Eutaw

*Cause of Death,* First (Primary), Cancer of Breast

Second (Immediate), Tetanus

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* September 19, 1885

*Undertaker* M. A. Saiger

*Place of Business,* 74 S. Bdwy.

Thos. F. Latimer M. D.
Medical Attendant.

*Address,* 37 Eutaw Place

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 8667 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 17. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Neal

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 18. *Years,* 3 *Months.* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* H. W.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Canton, Baltimore City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 114 Chesapeake Street

*Cause of Death,* First (Primary), Typhoid Malarial Fever.

Second (Immediate), Asthenia.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Sept 20th 85

*Undertaker,* G. France

*Place of Business,* Bantz & Wolke *Address,* 78 East Baltimore St

Alfred Whitehead Talbert M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore,

Permit No. 86673 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 18/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelia Norfolk

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 3 *Months,* *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 1 Johnson Alley

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), "

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Sept 19th 1885

*Undertaker* Matthew Cadogan

*Place of Business,* 227 Mulberry

Wm B Pennington M. D.
Medical Attendant.

*Address,* 134 N Carrollton Av

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8667 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T Ross

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Thirty seven *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 31 Jordan alley

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* Fifteen weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 20th 1885

*Undertaker,* Hunter Cadaga

*Place of Business,* 227 Mulberry St *Address,* 529 Madison Ave

A C Polk *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFE

# Health Department, City of Baltimore.

Permit No. 8667 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18 th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Gadsby

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* ... *Months,* ... *Days*

*Color,* Colored

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Living Life

*Place of Death,* {Give Street and Number.} 93 Lee St.

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), Dropsy

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 19 1885

*Undertaker,* W. H. Chase

*Place of Business,* 198 Howard ave

R. M. Hall M. D.
Medical Attendant.

*Address,* 262 Sharp St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86676 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the prosecution of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 19 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie J. Lyde & Chas E. Lyde

*Sex, Male or Female,* {Cross out the word not required in this line.} Fmale.

*Age,* ~~Years,~~ *Months,* 1 Day 19 hrs. *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Sin

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 1 Day 19 hrs.

*Place of Death,* {Give Street and Number,} 2057 W. Central Ave.

*Cause of Death,* First (Primary), Premature Birth (8 or 8½ months)

Second (Immediate),

*Duration of Last Sickness,* Ever since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemeteries

*Date of Burial,* Sept 20/85

*Undertaker,* C E Lyde

*Place of Business,* Waverly Balto City *Address,* # 3003 W. Baltimore St.

Geo A. Norman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 8677

The Physician who attended any person in a last illness is responsible for the presentation of the Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 185

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis F Stout

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 42. *Years,* 1 *Months,* *Days.*

*Color,* white *Sex,* —

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* Moulder

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore U.S.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 158 N. Dallas St.

*Cause of Death,* First (Primary,) (Pulmonary consumption)

Second (Immediate,) (Exhaustion)

*Duration of Last Sickness,* about 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery Thos J Simms M. D.

*Date of Burial,* Sept 20th 1885 Medical Attendant.

*Undertaker,* Henry W. Mears *Address* 242 N Broadway

*Place of Business,* 345 N. Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

# Health Department, City of Baltimore.

Permit No. 86678 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certificate.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 18 September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. M. Goebhoff

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 26 *Years,* 6 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} single

*Occupation,* photographer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 69 Park Street

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Paralysis of heart

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lutheran

*Date of Burial,* Sept 20th 1885

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N. Freemont Address, 211 N. Howard Street

H. F. Reinhard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86679 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Nolan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Printer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 15 Penn St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept 20th 85

*Undertaker,* C F Bruns & Son

*Place of Business,* 209 W Lanvale

Thomas Kinsella M. D. Medical Attendant.

*Address,* 460 Canton St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 86680 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday September 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Franca Hämmal

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Fifty Nine *Years,* Six *Months,* Eight *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty Seven Years

*Place of Death,* {Give Street and Number.} No. 65 Orleans Street

*Cause of Death,* First (Primary),

Second (Immediate), Cancer (Uterus)

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 21 September

*Undertaker,* John P. Sanders

*Place of Business,* No 66 Frederick Ave

Wm. H. Clendinen, M. D.
Medical Attendant.

*Address,* No 102 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86681 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Isabella Myers

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 6, *Months,* *Days*

*Color,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 274 E. Madison st

*Cause of Death,* First (Primary), Malaria Fever

Second (Immediate), Acute Meningitis

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 21 1885

*Undertaker,* Wm Tabb

*Place of Business,* 201 Balto St

Wm. Le Roy Rennold M. D.
Medical Attendant.

*Address,* 238 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 86685 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 20 1885 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bradley

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days,*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Housework

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md.

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and Number.} 5 Dewberry Alley

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Debility

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Harp~~ St. cemetery

*Date of Burial,* ~~Sept~~ 20th 1885

*Undertaker* Wm. P. Dungee

*Place of Business,* 62 East, ~~St~~

A K Bond M. D.
Medical Attendant.

*Address,* 316 Franklin St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 86683 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Miller

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 2 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} No 104 E Biddle

*Cause of Death,* First (Primary),

Second (Immediate), Bilateral Membranous Croup

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsius Cem.

*Date of Burial,* Sept 22d 1885

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St

J. Ridgway Snider M. D.
Medical Attendant.

*Address,* 1121 E Balto st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86684 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Lessner

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 8 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 13 Shell St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Feb 21st 1885

*Undertaker* A Stink & Son

*Place of Business,* 41 Gay St

James A Steuart M. D.
Medical Attendant

*Address,* Camp & 22

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H Roberts Sani. Inspector

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86685 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 19th. September 1895.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisca Kozlowska

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 5 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give Street and Number.} Alice Ann Street 318.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Cyanosis

*Duration of Last Sickness,* during lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* H. Oly. Cemetery Co.

*Date of Burial,* September 20 95

*Undertaker,* F. Crech & Co

*Place of Business,* 218 S. Bond

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe Street 117

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86686 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18th 85 - 3.30 PM

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Hargitt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Twenty Five *Years,* —— *Months,* —— *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* One Month

*Place of Death,* {Give Street and Number.} St. Joseph's Hospital

*Cause of Death,* First (Primary), Cirrhosis of Liver

Second (Immediate), Peritonitis

*Duration of Last Sickness,* 9 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* Sept 20th 85 J. W. Mead M. D.

*Undertaker,* Geo. Rinehart per JCB Medical Attendant.

*Place of Business,* Forrest Pla Address, St. Joseph's Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86687 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9: 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas A Lake

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 3 Months. Days

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 33 Lancaster St

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Spasm

*Duration of Last Sickness,* Three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 21st 1888

*Undertaker,* S. M. Leonard & Son

*Place of Business,* 782 W. Baltimore Address, 307 W. Lanvale St

H. L. Spiers M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86688 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Collins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 62 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give Street and Number.} 53 President St

*Cause of Death,* First (Primary), .....

Second (Immediate), Dysentery

*Duration of Last Sickness,* about 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Sept 21st 1885

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Hanover St

Felix O'Neill Bruce M. D.
Medical Attendant

*Address,* 2 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86689 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Shuer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* ~ *Months.* ~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Tailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} 71 Eutaw St

*Cause of Death,* First (Primary), Pulmonary Phthisis

Second (Immediate),

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount cem

*Date of Burial,* September 20 88

*Undertaker,* Sander and Son

*Place of Business,* 252 Baltimore Ave *Address,*

E. J. Chaney M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86690 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 1885 BALTIMORE

*Date of Death,* Sept 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Blum

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 34 *Years,* — *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 48 Ind R. ave

*Cause of Death,* First (Primary), Phthisis Tuberculosis

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodbourne

*Date of Burial,* Sept 21 1885

*Undertaker,* A Rosenberger

*Place of Business,* 7 Mulberry St *Address,*

A H Sutton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8669 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 1885

*Date of Death,* September 18/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie A Litchfield

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* 8 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 49 Gorsuch Ave

*Cause of Death,* First (Primary), Dentition

Second (Immediate), C Infantum

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem. Agent for Lorraine Co.

*Date of Burial,* Sept 21-2 1885

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Jno D Blake M. D.
Medical Attendant.

*Address,* 158 Race St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3883 Hanover

# Health Department, City of Baltimore.

Permit No. 8692 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE MD.

H

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21 " 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carr Denis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Hack none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters of Poor

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* 1 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy cross Cimetry

*Date of Burial,* Sept 22/85

*Undertaker,* M. Bloodeans

*Place of Business,* *Address,*

Jm Smoke Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86673 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* ..... *Months,* ..... *Days*

*Color,* White.

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* 12 yrs.

*Place of Death,* {Give Street and Number.} 147 Saratoga.

*Cause of Death,* First (Primary), .....

Second (Immediate), Old age.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* New Catholic Cy

*Date of Burial,* Sept 21st 1885

J. G. McShane, M. D.

*Undertaker,* Stewart & Mowen

~~Medical Attendant~~.

*Place of Business,* 35 Park ave *Address,* Frys Ally & Creek

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 80694 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the ~~presentation~~ of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Y. Higgins

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 11 *Months,* 8 *Days*

*Color,* W

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 440 Ironsides St

*Cause of Death,* First (Primary), Fibroid of Uterus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 22nd

*Undertaker,* Eco Schilling

*Place of Business,* 25th and Eastern Ave

Chas M. Morfit M. D.
Medical Attendant.

Address, 60 67 East Balto St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8695 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward M. Farrell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* *Days*

*Color,* White.

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 126 Mosher

*Cause of Death,* First (Primary), Whooping Cough.

Second (Immediate), Pneumonia & Exhaustion.

*Duration of Last Sickness,* 5 Wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* Sept 22/85

*Undertaker,* Chas. T. Scurry

*Place of Business,* 27 & 29 Eutaw *Address,* 404 Druid Hill Ave

F. J. Flannery, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86696 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Monaghan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower.~~* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 14 years.

*Place of Death,* {Give Street and Number.} 67 Hill St.

*Cause of Death,* First (Primary), Old Age & Albuminuria

Second (Immediate), Uremic Poison

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 21 st

*Undertaker,* H. C. Winkfield

*Place of Business,* 60 Fremont *Address,* 2 Fremont

Ernest Rudolph *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 88697 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

H

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19 1885 2.30 PM

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Klein

~~Sex,~~ *Male* ~~*or Female*~~, {Cross out the word not required in this line.} Male

*Age,* 38 ? *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* Cane Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Acute Interstitial Nephritis

Second (Immediate), Coma and Asphyxia

*Duration of Last Sickness,* 78 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Sub-Locust

*Date of Burial,* Sept 20/85

*Undertaker,* George Reichart

*Place of Business,*

E Van Hood M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8498 *Office of Registrar of Vital Statistics* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE, MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Bowling

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days*

*Color,* Wht.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Iron-Moulder

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give Street and Number.} City Jail

*Cause of Death,* First (Primary), Gastro Enteritis caused by Rough on Rats

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* Sept 21 1885

*Undertaker,* T J Locke

*Place of Business,* 73 Jefferson

Alexander Hill, M. D.
Medical Attendant.

Address Coroner Cat. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Sheet.

# Health Department, City of Baltimore.

Permit No. 80699 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

C

*Date of Death,* Sept 20 -83-

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie E Dingle

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 10 Months, 10 Days

*Color,* White

~~*Married*~~, *Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 10 & 1/2 10

*Place of Death,* {Give Street and Number.} 2 Armistead Lane

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Sept 21st 1885

*Undertaker,* E P Kraus & Son

*Place of Business,* 209 Canton

R M P Ellis M. D.
Medical Attendant.

Address, 318 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86700 — *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Sappington

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 10 Months. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} b. Balto. Md

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give Street and Number.} 429 E. Eager St.

*Cause of Death,* First (Primary), Broncho-Pneumonia

(421) Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Chesterlown Md

*Date of Burial,* Sept 22

*Undertaker,* Eb. Reiche

*Place of Business,* Chesterlown Md *Address,* 234 N B'way

G. F. Taylor M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 16701

*Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

a

*Date of Death,* Sept 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Poole

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 75 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* Miller

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland Co Md

*Duration of Residence in the City of Baltimore,* 58 years

*Place of Death,* {Give Street and Number.} N 455 N Fayette

*Cause of Death,* First (Primary), Brights dis of Kidneys

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sep 20 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St

L D Workman M. D.
Medical Attendant.

*Address,* 12 S Eden

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8702 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche E. Rouzer

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 97 Appleton St (North)

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 21

*Undertaker,* J.B. Cook.

*Place of Business,* 707 W Baltimore

Geo. A. Fleming M. D.
Medical Attendant.

*Address,* Franklin & Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 88703 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Whito.

~~*Sex, Male* or *Female*~~, {Cross out the word not required in this line.}

*Age,* 23. *Years,* 8 - *Months.* *Days*

*Color,* White.

*Married*, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania.

*Duration of Residence in the City of Baltimore,* Lifteen

*Place of Death,* {Give Street and Number.} 133. N. Monut pl.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Consumption

*Duration of Last Sickness,* Eight Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 23/85

*Undertaker,* J. B. Cook

*Place of Business,* 401 & 6 Balto *Address,* 17 N. Calhoun st

Truman T. Hill M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86704 *Office of Registrar of Vital Statistics,* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mata C Hickman

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* ——— *Months.* ——— *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 Yrs.

*Place of Death,* {Give Street and Number.} 239 German St

*Cause of Death,* First (Primary), Cancer of Uterus

Second (Immediate), Dysentery

*Duration of Last Sickness,* About 2 yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Dallo - County

*Date of Burial,* Sept 22nd 1885

*Undertaker,* Wm. Seewald

*Place of Business,* 35 S. Eutaw St *Address,* 1 E Monument Ave

J H Branham M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 26705 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 21 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Suhf

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 82 *Years,* ~~4~~ *Months,* ~~7~~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 13 Years

*Place of Death,* {Give Street and Number.} 18 Alvin Alley

*Cause of Death,* First (Primary), Malonis Old age

Second (Immediate), Brunk

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem

*Date of Burial,* Sept 23rd 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 33 Eutaw St

C. Delaney *M. D.*
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8784 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT SEP 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Evening Sept 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Winnthaffer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 6 *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 37 Luzern St City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 37 Luzern St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Marasmus

*Duration of Last Sickness,* 6 Months never was well

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cem.

*Date of Burial,* Sept 22nd 85

*Undertaker,* G. France

*Place of Business,* Bankard Wolfe & *Address,* 28 O Donnell St

J E Pinckard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8707 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Green

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 2 *Months,* 7 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Annapolis Md.

*Duration of Residence in the City of Baltimore,* 3 years.

*Place of Death,* {Give Street and Number.} 178 N. Spring

*Cause of Death,* First (Primary), Cut his foot with glass.

Second (Immediate), Tetanus.

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Sept 21 1885

*Undertaker,* S W Chase

*Place of Business,* 178 Howard St

Francis A. Sauer M. D.
Medical Attendant.

*Address,* 105 W. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 16708 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick D. Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* / *Years,* 9 *Months,* 6 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,* /

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 41 Perry St

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 21 1885

*Undertaker,* J W Chase

*Place of Business,* 198 Howard ave

C. L. Bard M. D.
Medical Attendant.

*Address,* 122 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 86709 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 19 1885, *Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard E. Smith

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 13 *Years,* *Months,* *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Stevedore

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Va.

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* { Give Street and Number. } 46 Wind St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), General debility,

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 21 1885

*Undertaker,* S W Chase

*Place of Business,* 178 Howard St

J. Howell Hoffman M. D.
Medical Attendant.

*Address,* 279 W. Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

12
11

Permit No. 86710 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE MD. SEP 21 1885

20

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18. 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Illegitimate child of Celia Lee

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* ~~Years,~~ ~~Months,~~ 6 *Days,*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } V

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 11 Walnut alley Baltimore Md

*Duration of Residence in the City of Baltimore,* 6 days.

*Place of Death,* { Give street and Number. } 11 Walnut alley

*Cause of Death,* { First (Primary), Insufficient Aumination

Second (Immediate).

*Duration of Last Sickness,*

the above info mation should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* Sept 21 1885

*Undertaker* E W Chase

*Place of Business,* 198 Howard St

Geo. C. Shannon M. D.
Medical Attendant.

*Address,* 167 E. Biddle St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFE

# Health Department, City of Baltimore.

Permit No. 8711 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 20 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stone

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 11 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 814 E Eastern Ave

*Cause of Death,* First (Primary),

Second (Immediate), Croup

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Dale Cemetery

*Date of Burial,* September 22. 85

*Undertaker,* H Sander Jun

*Place of Business,* 252 Canton Ave *Address,* H Sander Jun

D. E. Wells M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8671/2 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19th 11:30 P. M. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret F. Bruce

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 125 Patterson Park Avenue

*Cause of Death,* First (Primary), Carcinoma Uteri

Second (Immediate),

*Duration of Last Sickness,* Since March 1885

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cemetery

*Date of Burial,* Sept. 22. 1885

*Undertaker* H Sander & Son

*Place of Business* 252 Canton Ave

James E Donnelly M. D.
Medical Attendant.

*Address,* 291 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back [illegible]

# Health Department, City of Baltimore.

Permit No. 6713 *Office of Registrar of Vital Statistics* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny Ryder

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Can Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 86 Lancaster St

*Cause of Death,* First (Primary), [illegible]

Second (Immediate), Consumption

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. cemetery

*Date of Burial,* Sept 23. 85

*Undertaker,* H Gaudy & Son — Nicholas L Dashiell M. D. Medical Attendant.

*Place of Business,* 252 Canton Ave *Address,* 207 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8714 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma May Reinhardt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* ..... *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. C

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 240 Aisquith

*Cause of Death,*
First (Primary), Pneumonia et whooping cough.
Second (Immediate), Asthenia from Pneumonia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* Sept 24th

*Undertaker,* Eco Schilling

*Place of Business,* 7th and Eyrau

Jno J Miller M. D.
Medical Attendant.

*Address,* 179 E Monument St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8715 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Weber

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ *Months,* 18½ hrs. ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* 18½ hrs.

*Place of Death,* {Give Street and Number.} Harford ave. above Eager

*Cause of Death,* First (Primary), (Cyanosis) (Blue disease)

Second (Immediate),

*Duration of Last Sickness,* As above

I did not see the child until after death. A midwife was in attendance

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 22nd

*Undertaker,* Geo Schilling

*Place of Business,* Holland Square

Geo A. Hartman M. D.
Medical Attendant.

*Address,* 305 N Caroline st.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8716 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kenny

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 2 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 119 Boyd st

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetry

*Date of Burial,* 22nd September

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry St *Address,* 116 W. Monument st

C. O'Donovan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 6717 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or cooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Moore

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* 6 *Months,* *Days*

*Color,* ed

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Brat blank

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 31 Dover St.

*Cause of Death,* First (Primary), Mitral Regurgitation

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 4 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carfin St Cemetery

*Date of Burial,* Sept 23 1885

*Undertaker,* Hercules Rose

*Place of Business,* 95 Con Way St

Wm [illegible] M. D.
Medical Attendant.

*Address,* 170 Saratoga St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 5678 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the ~~death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Young

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days*

*Color,* Mulatto

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md

*Duration of Residence in the City of Baltimore,* 46

*Place of Death,* {Give Street and Number.} 119 Warner St.

*Cause of Death,* First (Primary), Epithelial Cancer

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 (?) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 22 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 East Pratt St *Address,* Community Hospital

S. B. Burch M.D. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Law [illegible]

# Health Department, City of Baltimore.

Permit No. 6719 *Office of Registrar of Vital Statistics,* Ward 16

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 32 Perry St

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Northumberland Co Va.

*Date of Burial,* Sept 22 1885

*Undertaker,* Hercules Barr

*Place of Business,* 95 E on Pratt St

C S Brooke M. D.
Medical Attendant.

*Address,* 777 Eastern

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit 3885

[over.]

For Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8720 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Ramp

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 6 *Years,* ~ *Months,* ~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} 413 Light St

*Cause of Death,* First (Primary), Whooping Cough Malignant Form

Second (Immediate), Dropsy result of acute Bronchitis

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 22 1885

*Undertaker,* B. Hale

*Place of Business,* 82 West St

Thomas Bond M. D.
Medical Attendant.

*Address,* 416 Dawson St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

17

Permit No. 8672 / *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otis M. Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 4 *Months,* ..... 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 159 Cross St.

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lawson Park

*Date of Burial,* Sept 22

*Undertaker,* F. Hall

*Place of Business,* 92 West St *Address,* 152 Shaw St

R. J. W. Tall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 6722 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 21 September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Peter Lois

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 74 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widower

*Occupation,* Lithographer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Biesenthopf, Germany 31 years

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give Street and Number.} 19 Heath Street

*Cause of Death,* First (Primary), Catarrh of Stomach

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 23 September 1885

*Undertaker,* B. Hare

*Place of Business,* West Street 82

L. J. Reinhard M. D.
Medical Attendant.

*Address,* 211 N Howard Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8673 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Pottgiesser

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 103 Park Ave

*Cause of Death,* First (Primary), old age

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Sept 22d

*Undertaker,* B. Keale

*Place of Business,* 82 West A

Thos Isola M. D.
Medical Attendant.

*Address,* 46 Dawson St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 6724 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip F. Mack

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* ..... *Months.* ..... *Days*

*Color,* Black

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 26 yrs

*Place of Death,* {Give Street and Number.} 111 St. Paul

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 22nd 1885

*Undertaker,* A W Maddux

*Place of Business,* 76 East [redacted] Address, 346 W Balto St.

S W Hoffman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86725

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

a

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Johnson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days.*

*Color,* Wht *Sex,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Whisky & Liquor

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 38 yrs

*Place of Death,* {Give street and number.} Corn Hillen & East Sts

*Cause of Death,* First (Primary,) Pernicious Intermittent Fever

Second (Immediate,)

*Duration of Last Sickness,* 2 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonny Brae

*Date of Burial,* Sept 22d 1885

Richd Sappington M. D.
Medical Attendant.

*Undertaker,* Chas P Byrne *Address* 132 N Gay St

*Place of Business,* 63 Front St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Health Department, City of Baltimore.

Permit No. 8726 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. J. Jenkins

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 72 *Years,* 11 *Months,* 12 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 27 Pigeon Alley

*Cause of Death,* First (Primary), Apoplexia cerebri

Second (Immediate), Paralysis

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* Sept 23 5 1885

*Undertaker,* Fred Goede

*Place of Business,* 298 S. Caroline *Address,* 24 S. Baltimore St

Mathues M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8727 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* September 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Weisman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 10 *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No. 125 Scott St.

*Cause of Death,* First (Primary), Infantile diarrhoea

Second (Immediate), Exanition

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 22/85

*Undertaker,* J. F. Dill

*Place of Business,* 183 Columbia Ave Address, Hanover Near Pratt

Chas. H. Edwards M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8728 *Office of Registrar of Vital Statistics.* SEP 23 1885 Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21st, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Borowoski

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} # 341 S Bond St.

*Cause of Death,* First (Primary), Entero-colitis

Second (Immediate),

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Sept 22

*Undertaker,* H Crack, co

*Place of Business,* 247 N Durham

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 80729 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} not named (Infant Johnson)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, Months, 1 Days

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 19 Parish alley

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 19 Parish alley

*Cause of Death,* First (Primary), Maradmus Tarum of

Second (Immediate), Toxins

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* Sept 22 1885

*Undertaker,* J Sen Wing

*Place of Business,* 37 Pattison av

Wm A. Jones M.D.

Coroner ~~Medical Attendant~~.

*Address,* 326 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Superintendents and Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8730 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. Moore (Moore)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 2 *Months,* ..... 16 *Days*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 122 S. Durham st

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Sept 22

*Undertaker,* John E Grace

*Place of Business,* South Caroline st 142

G. G. Luck M. D.
Medical Attendant.

*Address,* Balt. & Frost sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8731

## Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE MD.

H

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20 – 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura M. Babcock

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 7/12 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington

*Duration of Residence in the City of Baltimore,* 6 mos

*Place of Death,* {Give Street and Number.} Nursery & Child's Hospital

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate),

*Duration of Last Sickness,* 1 mo

All the above Information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* Sept 22

*Undertaker,* C. H. Blizzard

*Place of Business,* 257 [illegible] Ave

C. F. Bruce M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8732 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT SEP 26 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lloyd

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Back Yard

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 720 N Bond St.

*Cause of Death,* First (Primary), ———

Second (Immediate), Membranous Croup

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 24th 1885

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St

H. Ihmsen M. D.
Medical Attendant.

*Address,* 412 N Carey St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 16733 *Office of Registrar of Vital Statistics* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Cook

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give Street and Number.} 931 Lexington st

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate),

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 22

*Undertaker,* P B Cook

*Place of Business,* 707 W Baltimore

Edward Bonlay M. D.
Medical Attendant.

*Address,* 319 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86734 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis K. Klein

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* *Months,* *Days*

*Color,* W.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} N. E. Cor Pratt & Exeter Sts.

*Cause of Death,* First (Primary),

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* September 22 1885

*Undertaker,* E Frank

*Place of Business,* Bank & Wolfe *Address,* 51 Le Broadway

G B Button M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 6735 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21, 1885

*Full Name of Deceased,* {Write legibly, and spell correctly. If an Infant not named, give names of parents.} Ellen Mennessey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} No. 98 E. Spring Alley

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 23 1885

*Undertaker,* Mitchell Parks

*Place of Business,* 3 E Baltimore Address

Medical Attendant, M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86736 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} "Jac" White

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 4 *Months,* *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 9 Claret Alley

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 2 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw St. Cem

*Date of Burial,* Sept 23rd 1885

*Undertaker,* A Ross.

*Place of Business,*

Thos A Thum M.D.

Witness' Signature

Comm of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Inspector

# Health Department, City of Baltimore.

Permit No. 8737 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, SEP 22 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E Hines

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 216 N Calhoun

*Cause of Death,* First (Primary), Typho-Malarial Fever

Second (Immediate), Effusion in Cavities of Brain

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Sept 23/85

*Undertaker,* W P Tilkmen

*Place of Business,* 165 S Eutaw *Address,* 76 N Pine St

J Hines M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86738 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1886 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Panowitz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Posen, Prussia

*Duration of Residence in the City of Baltimore,* 5 yrs.

*Place of Death,* {Give Street and Number.} 226 Eutaw St.

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Old Thomas Grave Yard

*Date of Burial,* September 24. 86

*Undertaker,* S. Cross & Co

*Place of Business,* 24 S Bond *Address,* 50 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 18739 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Hoonel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 414 Covington St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Hill

*Date of Burial,* Sept 23rd 1885

*Undertaker,*

*Place of Business,* 2437 Light

Sheridan Coe M. D.
Medical Attendant.

*Address,* 416 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86740 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 20 *Years,* ..... *Months.* ..... *Days*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore.* Life time

*Place of Death,* {Give Street and Number.} 11 Fish Market Space (Second St.)

*Cause of Death,* First (Primary), .....

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Lamb Cemetery

*Date of Burial,* Sept 24 / 85

*Undertaker,* W. W. Madden

*Place of Business,* 76 East St

D W Cathell M.D.
Medical Attendant.

*Address,* 2 W Bromley

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86741 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. SEP 23 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Dwyer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

*Duration of Residence in the City of Baltimore,* 2 yrs.

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Perforation of bowel & Exhaustion

*Duration of Last Sickness,* one week?

All the above information should be furnished by the Physician.

*Place of Burial,* Catonsville Md

*Date of Burial,* Sept 23d

*Undertaker,* F. Louis Schafer

*Place of Business,* 104 N. Fremont

R. B. Warfield M. D.
Medical Attendant.

*Address,* U. H.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86742 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie G. Rotmaster

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* 6 *Months,* — *Days*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 73 Mund St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 23d 1885

*Undertaker,* Alex Hensley

*Place of Business,* 116 Orchard St. *Address,* Franklin & Greene

Geo. A. Fleming M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8743 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 23 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Elizabeth Steine

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* 19 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 84 Hamburg St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 14 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 9-24-86

*Undertaker,* [illegible]

*Place of Business,* 162 Eager St

Robert S. Rowe M. D.
Medical Attendant.

*Address,* 933 Light St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86744 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 23 1886 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cadel (Cadel)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 380 W. Lombard St

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis of brain

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Sept 23/86

*Undertaker,* J. B. Cook

*Place of Business,* 707 E Balto St

H. L. Lehmann M. D.
Medical Attendant.

*Address,* 387 W. Lombard St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

**Permit No.** 86745 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 23 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Luthcum

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 53 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Anna Arundel Co. Md.

*Duration of Residence in the City of Baltimore,* 23 years

*Place of Death,* {Give street and Number.} 45 S. Gilmore St.

*Cause of Death,* First (Primary), Brights Disease

Second (Immediate), Pulmonary Edema

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Sep 23 1885

*Undertaker* J. B. Cook

*Place of Business,* 707 W Balto St

James Bacon M. D.
Medical Attendant.

*Address,* Cor Arlington & Lafayette Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 8746

## Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

HEALTH DEPARTMENT SEP 23 1885 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P Gibbs

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 10 *Months,* 12 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* (North)

*Place of Death,* {Give Street and Number.} 24 Spring st

*Cause of Death,* First (Primary), Spinal Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincin cemetery

*Date of Burial,* Sept 23d 1885

*Undertaker,* Wm P Burgee

*Place of Business,* 62 East st

C. B. Gibson M. D.
Medical Attendant.

*Address,* 220 Fremont

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 84747 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22nd 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbera Orbel

*Sex, Male or Female,* { Cross out the word not requred in this line. } Female

*Age,* ——— *Years,* 3 *Months,* 14 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not requred in this line. }

*Occupation* Infant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* { Give street and Number. } 376 Lem. Ave.

*Cause of Death,* First (Primary), Inanition

Second (Immediate). "

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* Sept. 24

*Undertaker* Walter Immel

*Place of Business,* 313 W. Biddle *Address,* 506 Mad. Ave

J. H. Schmidt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 86748 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 23 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dyson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give Street and Number.} 162 Russell St

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Exhaustion

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 24 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Corn Way St *Address,* 122 Stark St

Chas Boon *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87749 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Brune

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 137 S. Madeira Alley

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* H. A. Thomas Cem.

*Date of Burial,* Sept. 24th 1885

*Undertaker,* Peter Brune (Father) James A. Stewart M. D.

*Place of Business,* Address, Dep. of Health Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 6750

## Office of Registrar of Vital Statistics.

Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

HEALTH DEPARTMENT SEP 23 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

Date of Death, September 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassandra Vaughan Swank

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 15 Years, 6 Months, 7 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} No 8 Fair Mount Ave

Cause of Death, First (Primary), Valvular Disease of the Heart

Second (Immediate), Dropsy

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Norfolk. Va.

Date of Burial, Sept. 25. 1885

Undertaker, M. A. Auger

Place of Business, 74 S. Bdwy

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transcript 3886

[over.]

# Board of Health, City of Baltimore,

Permit No. 86751 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the prompt return of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 23 1885 BALTIMORE, MD.

74

# CERTIFICATE OF DEATH.

*Date of Death,* September 22nd 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Blanche Shull

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 24 *Years,* —— *Months,* —— *Days,*

*Color,* White

*Married, Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation* ——

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } New Jersey

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* { Give street and Number. } Rhode Island, Lexington & Howard

*Cause of Death,* First (Primary), Cancer Uteri

Second (Immediate),

*Duration of Last Sickness,*

the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Sept 24th 1885

*Undertaker* M. A. Dager

*Place of Business,* 744 S. Bdwy,

G. J. Gavin M. D.
Medical Attendant.

*Address,* Rhode Island, Lex & Howard

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8752 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 23 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brice

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* 11 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Errand-boy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 97 Quinsey Place

*Cause of Death,* First (Primary), Peritonitis

Second (Immediate), Meningitis

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 24th

*Undertaker,* Fred Gaede

*Place of Business,* 298 Gaudine *Address,* 171 N. Gay St

Geo D Thomas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 88753

*Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 29 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22nd, 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Bailey,

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* 4 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore.* 4 years,

*Place of Death,* {Give Street and Number.} 40. S. Caroline St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 23rd 1885

*Undertaker,* Fred Eade

*Place of Business,* 29 S. Caroline Address, 15 E. Balt St

Mrs H. Norris M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8754 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 23 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Guzielowski

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 55 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Labor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Europe

*Duration of Residence in the City of Baltimore,* 4 yrs

*Place of Death,* {Give Street and Number.} * 276 S. Amity St.

*Cause of Death,* First (Primary), Bright's Disease

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two (2) Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* September 23. 85

*Undertaker,* F. Civol & Co

*Place of Business,* 214 S. Amity St *Address,* Residence

Geo. L. Lewis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 80755 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 23 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Elmer Earnest

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 10 *Months,* 27 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 332 E. Lombard St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Dropsy & Paralysis

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 24/85

*Undertaker,* Chas S. Fay

*Place of Business,* 811 Broadway

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 502 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...ne Special Attention of Physicians is Respectfully ...

# Board of Health, City of Baltimore.

Permit No. 86756 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPERLY FILLED CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph K. Rowe

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation* Plasterer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Lincoln Co. Missouri

*Duration of Residence in the City of Baltimore,* 6 Mos

*Place of Death,* {Give street and Number.} 1360 Fredrick St Balto.

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Dropsy from Cardiac Rheumatism

*Duration of Last Sickness,* 9 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemt

*Date of Burial,* Sept 24 1885

*Undertaker* John J Andrews

*Place of Business* 1647 Druid Hill Ave

Jos Quinan M. D.
Medical Attendant.

*Address,* 1362 N. Fremont

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited [illegible]

# Health Department, City of Baltimore.

Permit No. 8757 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank McGee

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Driver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Phila

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give Street and Number.} 187 N Calvert St

*Cause of Death,* First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 Mo

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Grove Cemetery

*Date of Burial,* Sept 24 1885

*Undertaker,* Wm J Schaffer

*Place of Business,* 105 S Front St

Geo B Fowler M. D.
Medical Attendant.

*Address,* 171 N Calvert St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86758 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kennedy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* ..... *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give Street and Number.} 57 President St

*Cause of Death,* First (Primary), .....

Second (Immediate), apoplexy

*Duration of Last Sickness,* Twelve hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* Sept 24th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 46 N. Gay St

J Hutton M. D.
Medical Attendant.

*Address,* 26 Fountain

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule of Practice on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8719 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Bachmann Michael

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 31 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Huckster

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 216 S. Bethel Street

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), .....

*Duration of Last Sickness,* About 18 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Pleasant Cemetery

*Date of Burial,* Sept 25th

*Undertaker,* Wm Sloan

*Place of Business,* 25 E Monument St

Jones E Donnelly M. D.
Medical Attendant.

*Address,* 219 E Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86760 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23d, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Eibert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 2 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give Street and Number.} # 242 Aliceanna St.

*Cause of Death,* First (Primary), Diptheria

Second (Immediate),

*Duration of Last Sickness,* Four days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* 24 Sept.

*Undertaker,* Wm Nicolaus

*Place of Business,* 248 Aliceanna

John H Kehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the letter as below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86767 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *legibly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Dailey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 128 Battery Ave

*Cause of Death,* First (Primary), Chronic Malarial

Second (Immediate), Fever & Pneumonia

*Duration of Last Sickness,* 8 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* Sept 26th 185

*Undertaker,* Daniel Tilyou

*Place of Business,* 109 Hoe St

Chas F. Mitchell M. D.
Medical Attendant.

*Address,* 283 W Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Reverse of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8762 *Office of Registrar of Vital Statistics* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH

*Date of Death,* Sept 23, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gilmar

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 30 minutes *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 806 W Pratt

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), .....

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 24/85

*Undertaker,* J B Cook

*Place of Business,* 717 W Balto *Address,* 319 Hillen

James Boeley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 86763 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* Sept 23/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert W. Ebbets

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 Years, 4 Months, Days,

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Butte City,

*Duration of Residence in the City of Baltimore,* Life,

*Place of Death,* {Give street and Number.} 228 Hollins st.

*Cause of Death,* First (Primary), Scarletina

Second (Immediate), Rheumatic Fever,

*Duration of Last Sickness,* Two Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Londen Park Cem

*Date of Burial,* Sept 24/85

*Undertaker* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 134 N. Carrollton Ave.

Signed, D. Pennington M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87624 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M Wootton

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 347 Edmondson Ave.

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sept 24/85

*Undertaker,* J. B. Cook

*Place of Business,* 709 W Balto

J. D. Norris M. D.
Medical Attendant.

*Address,* 558 W Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited

# Health Department, City of Baltimore.

Permit No. 6715 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22/1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susah Schmidt

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 10 *Months,* 17 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Farmers wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 32 yrs

*Place of Death,* {Give Street and Number.} 59 Frederick Ave

*Cause of Death,* First (Primary), Hemiplegia,

Second (Immediate), Coma

*Duration of Last Sickness,* About 30 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* September 24th

*Undertaker,* John P. Rawlins

*Medical Attendant.* Wm P Thurber M. D.

*Place of Business,* 66 Fred. Ave *Address,* 88 E. Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 86766. *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Barney.

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.} Male.

*Age,* 64 *Years,* ~~67~~ *Months,* ——— *Days,*

*Color,* Black.

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} married.

*Occupation* Nil.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Not known.

*Duration of Residence in the City of Baltimore,* Six months.

*Place of Death,* {Give street and Number.} 73 S Spring Street.

*Cause of Death,* First (Primary), Malaria.

Second (Immediate), Diarrhoea.

*Duration of Last Sickness.* Six months.

All the above information should be furnished by the Physician.

*Place of Burial,* North point Balto Co.

*Date of Burial,* Sept 24th 1885

*Undertaker* Wm J Burgess

*Place of Business,* 67 East St.

A. N. Jones M. D.
Medical Attendant.

*Address,* Balto University

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 8767 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE MD.

*Date of Death,* Sept. 23. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~ *Years,* ~ *Months,* 10 minutes *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 10 minutes

*Place of Death,* {Give Street and Number.} # 250 Aisquith St.

*Cause of Death,* First (Primary), Premature birth

Second (Immediate),

*Duration of Last Sickness,* 10 min

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept 24 1885

*Undertaker,* Adam Link

*Place of Business,* 461 N. Gay

Geo A Hartmann M. D.
Medical Attendant.

*Address,* # 305 N Caroline St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8768

## Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Feb 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Hayes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days*

*Color,* Wht

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} 437 Lombard St

*Cause of Death,* First (Primary), Cancer of the Stomach

Second (Immediate),

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept 26th

*Undertaker,* John J Bowen

*Place of Business,* 89 Holliday St

Medical Attendant. Thomas Cook M. D.

*Address,* 446 Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SEC. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

# Board of Health, City of Baltimore,

Permit No. 86769 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Handly

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Northumberland Co Pa —

*Duration of Residence in the City of Baltimore,* 2 days —

*Place of Death,* {Give street and Number.} 17 Scott St

*Cause of Death,* First (Primary), Chronic Dysentery

Second (Immediate). & Exhaustion

*Duration of Last Sickness,* 2 or 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon park

*Date of Burial,* Sept 24th

*Undertaker* John J Cowan

*Place of Business,* 89 Hollins St *Address,* 242 W Lombard

A. E. Wolff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86470 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23rd '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 150 Eutaw st.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* Sept 25th 1885

*Undertaker,* [illegible]

*Place of Business,* [illegible]

E. B. Fenby M. D.
Medical Attendant.

*Address,* 283 N. Eden st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8771

*Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1883 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J Goodrich

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* nothing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore and all his life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 2 n E Pen ave

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Fatty degeneration of heart

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cy

*Date of Burial,* 26th Sept 1883

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Pankard

*Address,*

*M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86772 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter J. Flannery

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 5 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Student

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 100 Lee St —

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate),

*Duration of Last Sickness,* 2 Years —

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 25 1885

*Undertaker,* C. F. Krauss Son

*Place of Business,* 209 Hanover

Chas F. Mellwain M. D.
Medical Attendant.

*Address,* 283 W Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8773 *Office of Registrar of Vital Statistics,* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Haines

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 9 Court Alley

*Cause of Death,* First (Primary), Dysentery 9 Hours

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 24 1885

*Undertaker,* C F Krauss Son

*Place of Business,* 209 Hanover *Address,*

*M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore. 18

Permit No. 8774 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sofia Kramer

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 4 4 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 18 months

*Duration of Residence in the City of Baltimore,* 18 months

*Place of Death,* {Give Street and Number.} 9 Wagner Alley

*Cause of Death,* First (Primary), Inflam of Bowels

Second (Immediate), Uremia

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home Cemetery

*Date of Burial,* September 24 1885

*Undertaker,* Andrew Snell

*Place of Business,* 206 Baltimore St. *Address,* 76 Aliceanna St

A Mooney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8775 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1883 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan H. Bostian

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months.* — *Days*

*Color,* White.

*Married, Single, Widow or Widower.* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 449 Mulberry St

*Cause of Death,* First (Primary), Post Epileptic Paralysis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 25th 1883

*Undertaker,* Henry W. Myers

*Place of Business,* #415 N. Eutaw St. *Address,* 449 Mulberry St

Gustavus Robert M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8676 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nies

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 9 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 43 Goodman alley

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem.

*Date of Burial,* Sept. 24th 1885

*Undertaker,* H. Sanders & Son

*Place of Business,* 252 Canton Ave Address,

M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore. 10

Permit No. 80777 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT SEP 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days*

*Color,* white

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* House wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 125 Pierce St.

*Cause of Death,* First (Primary), Cancer of Womb.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Sept 25th 85

*Undertaker* Matthew Cadorna

*Place of Business,* 227 Mott & *Address,* 188 Franklin St.

J. Miller M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86778 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 23/83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mills

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months;* *Days*

*Color,* Col.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give Street and Number.} 212 S. Dallas

*Cause of Death,* First (Primary),

Second (Immediate), Angina Pectoris

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ashury cemetery

*Date of Burial,* Sept 25

*Undertaker,* John E Grace

*Place of Business,* S Caroline St 142 *Address,* 52 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 6779 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD.

*Date of Death,* Sept. 23

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Latham

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days*

*Color,* Blk

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md -

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give Street and Number.} 15 Church st

*Cause of Death,* First (Primary), Bright's disease

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* Sept 25, 1885

*Undertaker,* Ed W. Shaw

*Place of Business,* 120 E. Fayette

R W P Ellis M. D.
Medical Attendant.

*Address,* 313 E. Lee

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 80780 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Vogel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 87 S Sharp St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Marasmus

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Friendship Road Cem

*Date of Burial,* Sept 25 1885

*Undertaker,* Charles F Evans & Co

*Place of Business,* Eager & Valley Address, 190 S. Sharp St

Wm Goodhart M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 16781

## Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 24t 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marian B Halsted

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* Two *Months,* *Days*

*Color,* Ld Light Copper

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* Two months

*Place of Death,* {Give Street and Number.} No 4 Harmony Lane

*Cause of Death,* First (Primary), Unknown

Second (Immediate), Marasmus

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel. Del

*Date of Burial,* Sept. 25. 1885.

*Undertaker,* Alex Hensley

*Place of Business,* 11 Richards st

B F Bohen M. D.

Medical Attendant.

*Address,* Cor Mulberry & Greene

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

DAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 80782 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled up*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24" 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta L. Hahn,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* 9 *Months,* *Days*

*Color,* White.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 32 Years.

*Place of Death,* {Give Street and Number.} 267 E. Fayette St.

*Cause of Death,* First (Primary), Cut Throat

Second (Immediate), Pneumonia = Exhaustion

*Duration of Last Sickness,* 16 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 26th 1885

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N. Fremont *Address,* 248 Lexington St

Wm. L. G. Boyd M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8678 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Estelle Davis

*Sex, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 1 *Months,* 7 *Days*

*Color,* wh

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} N.E. cor Eastern ave & Chapel

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 hour

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem

*Date of Burial,* Septr. 25. 1885

*Undertaker,* M. A. Dwyer

*Place of Business,* 745 Bway.

Geo C Benson M. D.
Medical Attendant.

*Address,* Fell & Pierce

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87784 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Wahl

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 23 Years, ..... Months, ..... Days

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give Street and Number.} Corn. Bush & Eastern Av.

*Cause of Death,* First (Primary), .....

Second (Immediate), Typhoid fever

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Sept 23 1885.

*Undertaker,* Henry McGinnis

*Place of Business,* 8 N. Central Av. *Address,* 95 Bush Av.

A. H. Esch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 80785 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Newman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 100 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* {Give Street and Number.} No 245 Bank St

*Cause of Death,* First (Primary), ..... Second (Immediate), Old Age

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 26 1885

*Undertaker,* M. Lelar Burk

*Place of Business,* 92 W Balto *Address,* 92 W Balto

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8782 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bias.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 24 *Years,* 3 *Months.* 13 *Days*

*Color,* Black

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

*Occupation,* Laborer in Brick yard

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 289 Mc Elderry pl

*Cause of Death,* First (Primary), ....

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* About 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry evergreen cemetery

*Date of Burial,* Sept 25th 1885

*Undertaker,* Wm. H. Burgee

*Place of Business,* 62 East St.

D. M. Cattell M. D.
Medical Attendant.

*Address,* 2 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86787 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Sept 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Tibber

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} N 121 N High

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* six mos

All the above information should be furnished by the Physician.

*Place of Burial,* Russian Cemetery

*Date of Burial,* September 25

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 High St

..... *M. D.*
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 86788 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rosener

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Carpet Weaver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give Street and Number.} 43 Greenmount Avenue

*Cause of Death,* First (Primary), General Oedema

Second (Immediate), Dropsy of the heart.

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ch

*Date of Burial,* Sept 25 1885

*Undertaker,* Henry Hock

*Place of Business,* 209 N. Central Av *Address,* 105 N. Central Ave

Francis X. Sauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86789 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cantice

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Wheelwright

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 154 Mosher st

*Cause of Death,* First (Primary), Pulmonary Apoplexy

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Sept 26th 1885

C. O'Donovan M. D.
Medical Attendant.

*Undertaker,* Stewart & Mowan

*Place of Business,* 35 Park ave *Address,* 115 W Monument

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86790 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE SEP 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mettjeman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

*Duration of Residence in the City of Baltimore,* 46 years.

*Place of Death,* {Give Street and Number.} 283 Lexington Ave.

*Cause of Death,* First (Primary), Diabetes Mellitus

Second (Immediate), Asthenia

*Duration of Last Sickness,* Six Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 27th 1885

*Undertaker,* Stewart Mowen

*Place of Business,* 33 Pantaco *Address,* 426 Madison Ave.

Brown Taylor M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 16791 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary A Coyle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 7 years

*Place of Death,* {Give Street and Number.} 580 Franklin

*Cause of Death,* First (Primary), Chronic Valvular Disease

Second (Immediate), of the Heart —

*Duration of Last Sickness,* Sudden death — Heart has been diseased for 12 or 15 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Ce

*Date of Burial,* Sept 27/85

*Undertaker,* J. B Cook

Edw F. Michael M. D.
Medical Attendant.

*Place of Business,* 707 W Balto St *Address,* 283 N. Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8792 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S REPORT, SEP 25 1895 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25th 6. A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Kranz

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 4 *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} # 98 St. Peter St.

*Cause of Death,* First (Primary), Croup

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept 26th

*Undertaker,* John J Lennan

*Place of Business,* 89 Lee Street *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ly invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8693. *Office of Registrar of Vital Statistics.* Ward 42

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Cole.

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days*

*Color,* Colored

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Nine Years.

*Place of Death,* {Give Street and Number.} #40 Gorsuch Alley.

*Cause of Death,* First (Primary), Mitral Regurgitation.

Second (Immediate), Syncope.

*Duration of Last Sickness,* One Year and a half

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 25 85

*Undertaker,* Wm J Gray

*Place of Business,* 65 Hillsberry Address, #63 Gorsuch St.

James A Burns M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86794 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24 - 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lisetta Krieger

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —— ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 46 yrs

*Place of Death,* {Give Street and Number.} 72 Leadenhall

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 3 mos ——

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sep 26th

*Undertaker,* Henry Brieler

*Place of Business,* Marietta St 81 *Address,* 226 Montgomery

Geo Strauss M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 26795 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo. E. Soffee (Soffood)

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* 3 *Years,* — *Months,* *Days,*

*Color,* White

*Married, Single, Widow, Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 3 Months

*Place of Death,* {Give street and Number.} #528 E. Charles St

*Cause of Death,* First (Disease) —

Second (Immediate) Membranous Croup

*Duration of Last Sickness,* 6 day

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* Sept 27th 1885

*Undertaker* Armstrong and Penny

*Place of Business,* 263 Light

Geo. F. Benson M. D.
Medical Attendant.

*Address,* 144 Hanovers-

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 18796 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 25 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Months, 16 Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} #74½ East St

*Cause of Death,* First (Primary),

Second (Immediate), Premature birth

*Duration of Last Sickness,* Since 0

All the above information should be furnished by the Physician.

*Place of Burial,* E. City Cemetery

*Date of Burial,* Sept 25th 85

*Undertaker,* Eic Rinehart

*Place of Business,* Health Dept

James H Chambers M. D.
Medical Attendant

Address, Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Ep by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas V. Fitzpatrick Sanitary Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT SEP 26 1895

Permit No. 86797 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 25 - 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Frost

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 10 hours. ~~Days~~

*Color,* white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 21 Peabody Street

*Duration of Residence in the City of Baltimore,* Lifttime

*Place of Death,* {Give Street and Number.} 21 Peabody Street

*Cause of Death,* First (Primary), Premature Birth — 26 weeks.

Second (Immediate), ~~~~

*Duration of Last Sickness,* ~~~~ 10 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 26. 1895

*Undertaker,* Wm. H. Hickman

*Place of Business,* 2340 E. Gay

L. P. Martenet M. D.
Medical Attendant.

*Address,* Belair Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 6798 *Office of Registrar of Vital Statistics.* Ward 8

HEALTH AGENT SEP 26 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Baynard

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* — *Months.* — *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 17 Years

*Place of Death,* {Give Street and Number.} 2 Haughton St.

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Paralysis Heart (?)

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Samuel's Cemetery

*Date of Burial,* Sept 26 1885

*Undertaker,* W. N. Madden

*Place of Business,* 46 East Pr. *Address,* 25 Fremont Ave

J. H. Robinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86799 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 26 1885, BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etha Fredericka Leverton

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* ~~Days~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} no 562 - East Fayette st (East)

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Meningitis

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Sept. 26th 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts. *Address,* 22 Jackson Square

Thos. B. Evans M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 80800 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 26 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Stuhler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cels

*Duration of Residence in the City of Baltimore,* since Birth,

*Place of Death,* {Give Street and Number.} #70 S. Wolf St.

*Cause of Death,* First (Primary), Croup (Diphtheritic)

Second (Immediate),

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* St Wolfgangs Cem

*Date of Burial,* Sept 26th 85

*Undertaker,* G. Francis

*Place of Business,* Bank & Wolfe *Address,* 2133 Aisquith St.

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8807 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 26 1885 RECEIVED.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25 th, 1885. 10 45 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Kerchner

*~~Sex~~, Male or ~~Female~~,* {Cross out the word not required in this line.} male

*Age,* 2 2 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give Street and Number.} St. Joseph's Hospital

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Pulmonary Congestion

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St James Cem

*Date of Burial,* Sept 26/85

*Undertaker,* Geo Rinehart

*Place of Business,*

O. J. Bootery M. D.
Medical Attendant. 1532

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 18802 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 1st 12 o'clock PM Thursday Sept 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthoney Ober

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 49 *Years,* 6 *Months,* 8 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Penna

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 304 Lancaster St Cor Bloomfield St

*Cause of Death,* First (Primary), Tabes Scrofulosa

Second (Immediate), do do

*Duration of Last Sickness,* 9 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* Septber 27 1885

*Undertaker,* H. Sandel & Son

*Place of Business,* 252 Canton Av *Address,* 38 O Donnell St

J E Pritchard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8803 *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT SEP 26 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A. De Caindry

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} Male

*Age,* 27 *Years,* ~~*Months,*~~ *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,* Printer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 416, E. Lombard st

*Cause of Death,* First (Primary), Scrofula

Second (Immediate), Brights disease

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* Sept. 27th 1885

*Undertaker,* J. E. Saunders & Son

*Place of Business,* 252 Canton ave *Address,* 92 Jackson Place

Thos. B. Evans. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 80804 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 7 *Months,* 26 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 164 S. Bethel st

*Cause of Death,* First (Primary), Enteric Colitis (Diarrhoea)

Second (Immediate), asthenia

*Duration of Last Sickness,* About Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Boniface Cem

*Date of Burial,* Septbr 26 1885

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Ave

Jas. E. Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 10805 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 26 1885
BALTIMORE MD.

24

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Ritter

*~~Sex, Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* —— *Months.* —— *Days*

*Color,* Wht. ——

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 28 yrs. ——

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Incised wound of throat (suicide)

Second (Immediate), Oedema glottis + Int Hemorrhage

*Duration of Last Sickness,* About 1/2 hours ——

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount-cem.

*Date of Burial,* Sept 26 1885

*Undertaker,* John W Justice

*Place of Business,* 109 E Lombard St

Alex. Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C...

# Health Department, City of Baltimore.

Permit No. 8806 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT SEP 26 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Kenzel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ..... V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 468 Fort Ave

*Cause of Death,* First (Primary), Laceration

Second (Immediate), .....

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Westlawn Cemetery

*Date of Burial,* September 27

*Undertaker,* B. Gaehle

*Place of Business,* 62 West St

Jno H Smith M. D.
Medical Attendant.

*Address,* 281 S. Charles St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8680 7 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 26 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Gregory

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 19 *Months.* ~~____~~ *Days*

*Color,* ed.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ____

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 26 Vine St

*Cause of Death,* First (Primary), Croup

Second (Immediate), ____

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Sept 27

*Undertaker,* H Ross

*Place of Business,* Conway St

H. Nelson M. D.
Medical Attendant.

*Address,* 282 Hollins st

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86808 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 26 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Fleischell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Co Cor Fort St Mount

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia Haemorrhagica

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* September 27 1885

*Undertaker,* Andrew Knell

*Place of Business,* 206 Columbia St. *Address,* 107 E Pratt St

Jno D Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86829 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 26 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline E. Clocker

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* ..... *Months,* ..... *Days*

*Color,*

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 475 E. Chase St.

*Cause of Death,* First (Primary), Congestion of Brain

Second (Immediate),

*Duration of Last Sickness,* 2 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 27th 1885

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St *Address,* 238 N Broadway

Wm. E. Russell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 26810 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lee Smith

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 4 *Months,* 25 *Days*

*Color,* White,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth,

*Place of Death,* {Give Street and Number.} N 437 N Baltimore st,

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents cemetery

*Date of Burial,* Sept 26th 1885

*Undertaker,* J B Cook

*Place of Business,* 707 W Balt st

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86811 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Dorsey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 6 11 Bruce St

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* One day.

All the above information should be furnished by the Physician.

*Place of Burial,* Howard Co

*Date of Burial,* Sept 27 1885

*Undertaker,* William J Suger

*Place of Business,* 62 East St

J. McMunn M. D.
Medical Attendant.

*Address,* 230 Aisquith St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8812 *Office of Registrar of Vital Statistics,* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Maggie A Healey

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* — *Months.* — *Days*

*Color,* wh

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore.* 33 years

*Place of Death,* {Give Street and Number.} 60 Fawn st

*Cause of Death,* First (Primary),

Second (Immediate), Pleuro Pulmonia

*Duration of Last Sickness,* 1 yr

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 27

*Undertaker,* James P Coyne

*Place of Business,* 63 N Front St

Jno Berry M. D. Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...pecial attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 6873 *Office of Registrar of Vital Statistics,* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Twenty fifth. 25th September 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Sullavin.

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* Sixty five (65) *Years,* ..... *Months.* ..... *Days*

*Color,* White.

*Married,* ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

*Occupation,* Owner of Livery Stable.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* About Forty five Years.

*Place of Death,* {Give Street and Number.} No 67. Buren Strat. Baltimore.

*Cause of Death,* First (Primary), Albumenuria. Bright's Disease

Second (Immediate), Uraemia.

*Duration of Last Sickness,* about Seven Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 28 1885

*Undertaker,* James D Byrne

*Place of Business,* 63 N Front St

W C. Van Bibber M. D.
Medical Attendant.

*Address,* 47. Franklin St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Respectful attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 26814 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 26 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Miller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* 5 *Months,* 5 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Brickmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 225 Conway St.

*Cause of Death,* First (Primary),

Second (Immediate), Chronic Valvular Dis. of Heart

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Sept 28 1885

*Undertaker,* Wm J Tickner

*Place of Business,* 65 S Eutaw St *Address,* 152 Shapley St

R. J. H. Fell *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 20815 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 26, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Schmidt

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* 7 *Months,* 22 *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 291 W. Pratt - St -

*Cause of Death,* First (Primary), Child birth

Second (Immediate), Puerperal - fever

*Duration of Last Sickness,* Six days.

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* Sept. 28, 1885

*Undertaker,* John P. Paulus

*Place of Business,* 66 Frederick Rd. *Address,* 584 W. Fayette

G. Glenhaven M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...possibly-arrived-at the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8881 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 27 1885 BALTIMORE

*Date of Death,* 25th September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ursula Hedrich.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* Sixty Six *Years,* Eleven *Months.* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* House wife -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bavaria. Germania.

*Duration of Residence in the City of Baltimore,* about 28 Years.

*Place of Death,* {Give Street and Number.} St. Alphonsus School Hall.

*Cause of Death,* First (Primary), Cardiac valvular Disease

Second (Immediate), Cardiac Dropsy. (Sudden)

*Duration of Last Sickness,* about Ten Months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* September 29 1885

*Undertaker,* A. Rosenberger

*Place of Business,* 20 Lombard St

W. C. van Bibber M. D.
Medical Attendant.

*Address,* 47 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 80817 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 27 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert - Son of Mary Hall (Parents)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 8 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 14 East St

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 27th 1885

*Undertaker,* W. N. Cusick

*Place of Business,* 62 East — *Address,* Laurel Md. R

Thomas Shannon M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, (when the case comes under his notice), to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Per W. N. Cusick
Inspector

KODAK SAFETY FILM

...Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 8818 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 27 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustavus Raubach

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cabinet Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give Street and Number.} 14 S. Wolfe St

*Cause of Death,* First (Primary), Inflamation of bowels

Second (Immediate), perforation Peritonitis

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lafayette

*Date of Burial,* Sep 27

*Undertaker,* Franklin Direct

*Place of Business,* 151 W Balto

E. P. Sims M. D.
Medical Attendant.

*Address,* 375 E. Balto St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 18819 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 27 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie E. Applegarth

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 27 S Washington St.

*Cause of Death,* First (Primary), Croup

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 28

*Undertaker,* Wm Ball Dise

*Place of Business,* 157 E Balto St

J. H. Hollenberg *M. D.*
Medical Attendant.

*Address,* 344 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 80820 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Korper

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Basket Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 11 months from Germany

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 27 1895

*Undertaker,* A. Roheto

*Place of Business,* 78 Lemmaven *Address,* [illegible]

R. B. Mayfield M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 8F821 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

HEALTH DEPT SEP 27 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Warden

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Corner Cathedral & Tyson st over eating

*Cause of Death,* First, (Primary,) Gastro Enteritis + probably Peritonitis

Second, (Immediate,)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 27 1885

*Undertaker,* S W Chase

*Place of Business,* 198 Howard st

Caleb Winslow M. D.,
Medical Attendant.

*Address,* 23 W Cullohst

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 8842 — Office of Registrar of Vital Statistics. — Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

B

Date of Death, Sept 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Wallace

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age 60 Years, Months, Days

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~ Cannot Learn

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 110 Welcome Fuller

Place of Death, {Give Street and Number.} ~~2~~ Injuries received by being run over on B & O R R, Sept 24th 85

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information to be furnished by the Physician.

Place of Burial, Ebenezer Cemetery

Date of Burial, Sept 27th 1885

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard St

Sam'l Bell M. D

Medical Attendant.

Residence, 1013 Lemmon

Address,

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 10823 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of said Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th. 9 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lee Hagner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* 3 *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No. 154 Ramsay St.

*Cause of Death,* First (Primary), Croup

Second (Immediate),

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 28

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Baltimore St. *Address,* Cor Columbia & Pine Sts

Wm. E. Addison M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8834 *Office of Registrar of Vital Statistics,* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Haines

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 5 *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Catonsville (Balto Co)

*Duration of Residence in the City of Baltimore,* 12 years.

*Place of Death,* {Give Street and Number.} 622 W. Lombard St.

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 9 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* 9.28

*Undertaker,* J.B. Cook

*Place of Business,* 707 W. Baltimore

Wm Goodwin M. D.
Medical Attendant.

*Address,* 470 S. Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8825

*Office of Registrar of Vital Statistics.*

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 28 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W Chambers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months.* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 241 Hollins ave

*Cause of Death,* First (Primary), Acute Debility

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 28

*Undertaker,* Jos H B Cook

*Place of Business,* 707 W Baltimore

*Address,* 319 Hollins ave

Lewis Bailey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8682 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. SEP 28 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Lynch

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* 22 *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 41 St Paul St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 24th

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna ave

John L. Kitzer M. D.
Medical Attendant.

*Address,* 933 Lexington st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 86824 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Boughlin

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} female

*Age,* 54 *Years,* *Months,* *Days,*

*Color,* white

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the word not required in this line.} widow ✓

~~Occupation~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland; 35 years in U. S.

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and Number.} 62. Cockeir st., Locust Point

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 28th /85

*Undertaker* Daniel Flynn

*Place of Business,* 109. West 9t

Pierre Geo Dausch M. D.
Medical Attendant.

*Address,* 325 E. Baltimore st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 80828

*Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *thirty hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Libby M. Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 Years, 5 Months, 2 Days

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 135 Rutter St

*Cause of Death,* First (Primary),

Second (Immediate), Dr Thinks

*Duration of Last Sickness,* Three (3) days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 28th 85

*Undertaker,* Daniel Gilynn

*Place of Business,* 109 West St

H L Glenn M. D.
Medical Attendant.

*Address,* 317 W Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 17829. *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Rippinger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 43 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give Street and Number.} 231 Bank Street

*Cause of Death,* First (Primary), Cancer of Stomach

Second (Immediate), Enteritis

*Duration of Last Sickness,* Five Months

All the above information should be furnished by the Physician.

*Place of Burial,* 4th German Centry.

*Date of Burial,* Sept. 28th 1885

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Anna

Louis E. Gaudlo M. D.
Medical Attendant.

*Address,* 299 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 80830 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th (Erhart)

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Erhart

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days*

*Color,* White

~~*Married,* Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* House work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 yrs

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Nephritis

Second (Immediate), Heart failure

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Matthias

*Date of Burial,* Sep 28th

*Undertaker,* Kimball & Son

*Place of Business,* *Address,* W.St.

R. B. Warfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 8831 *Office of Registrar of Vital Statistics* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 26 '85

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles H. Lawson

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 4 *Months.* *Days,*

*Color,* Black.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if not foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } # 2 Silver Alley

*Cause of Death* { First (Primary), Pulmonary Tuberculosis. Second (Immediate), Exhaustion.

*Duration of Last Sickness.* 2 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept. 28th 1885.

*Undertaker* Chas. Hemmick

*Place of Business,* 11 Orchard St *Address,* Argyle Ave & Forrest St.

Solon S. Huck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 50832 *Office of Registrar of Vital Statistics* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H. Wiebking

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 9 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Cor Hamburg & Sharp St

*Cause of Death,* First (Primary), Tetanus Neonatorum

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 29th

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 17 & S Sharp St

Wm Gambrill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87833 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* September 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Battista Campestro

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Street Peddler

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* two years

*Place of Death,* {Give Street and Number.} 63 President St

*Cause of Death,* First (Primary), Pulmonary Apoplexy

Second (Immediate),

*Duration of Last Sickness,* Ailing for several months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincent Cemetery

*Date of Burial,* Sept. 29th 1885

*Undertaker,* John Dufor

*Place of Business,* 65 President St.

D W Cathell M. D.
Medical Attendant.

*Address,* 2 W Bromley

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8834 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Johnson

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* *Years,* 23 *Months.* *Days*

*Color,* (Colored)

*~~Married,~~ Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give Street and Number.} #28 Douglas Stact

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 28 1885

*Undertaker,* William A. Lewis

*Place of Business,* 62 East St.

Saml F Powell M. D.
Medical Attendant.

*Address* #29 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 7685 — *Office of Registrar of Vital Statistics.* Ward 1

HEALTH DEPARTMENT SEP 29 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse A. Rego

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Living Life

*Place of Death,* {Give Street and Number.} 11 & Canton St

*Cause of Death,* First (Primary), Bowels Mesentery Broke

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* Sept 28th 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Street

E. J. Williams M. D.
Medical Attendant.

*Address,* 56 Elmore St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer

# Health Department, City of Baltimore.

Permit No. 56836

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

2

*Date of Death,* Sept 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Lehntner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 9 Fell St

*Cause of Death,* First (Primary), .....

Second (Immediate), Premature

*Duration of Last Sickness,* about one days

All the above information should be furnished by the Physician.

*Place of Burial,* City Cemetery

*Date of Burial,* Sept 28th 1885

*Undertaker,* Governing Funeral } James A Stamm M. D.

*Place of Business,* ..... *Address,* Canton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Saml H Lauer

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition, whether married, single, or widow or widower of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 10827 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Bull

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md

*Duration of Residence in the City of Baltimore,* 42 years

*Place of Death,* {Give Street and Number.} 56 E. Eager St.

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 29th

*Undertaker,* H. C. Wickfield

*Place of Business,* 90 Greenmount Ave *Address,*

Geo. Buckler Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8838

## Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

Date of Death, Sept. 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George & Mollie Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ..... Years, ..... Months, nine Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 47 Stockholm St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asphyxia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Church St Cemetery

Date of Burial, Septr 28 1885

Undertaker, Hercules Barr

Place of Business, 95 Eon W Pratt St

P. C. Moran M. D.
Medical Attendant.

Address, Emmitt Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 86839

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* September 27. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kraus.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* White *Sex,* Female.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single.

*Occupation,* Seamstress.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Life time.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} X 128 N. Spring St

*Cause of Death,* First (Primary,) Phthisis Pulmonalis. Acute

Second (Immediate,) Inanition.

*Duration of Last Sickness,* About 10 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Sept 29 1885

Jno. N. Lowman M. D.
Medical Attendant.

*Undertaker,* Henry Heuer

*Place of Business,* 309 N Paca St. Address 238 E. Monument St. E. Dn.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT BALTIMORE, MD. SEP 28 1885

Permit No. 16840 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 26th September 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 27 *Years,* 1 *Months,* 29 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Worcester Co Md.

*Duration of Residence in the City of Baltimore,* 18 Yrs

*Place of Death,* {Give Street and Number.} 32 Burgundy alley

*Cause of Death,* First (Primary), Phthisis-Pulmonalis

Second (Immediate), Hemoptysis & Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 28th 1885

*Undertaker,* Saml W. Chase

*Place of Business,* 198 E. Howard St *Address,* 146 Hill St.

L. D. Lyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 16841 *Office of Registrar of Vital Statistics* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after SEP 28 1885 death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

No Permit for Burial can be Obtained without a ~~Proper~~ Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt L Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 22 *Years,* —— *Months,* 5 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ——

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} U. S. A. Md

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give Street and Number.} 189 Conway St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* Sept 29th 1885

*Undertaker,* John S. Hacker

*Place of Business,* 1250 Caroline St

Geo A Blake M. D.
Medical Attendant.

*Address,* 158 S Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8 8 8 4 2

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* September 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas S. Reilly

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* ~~Months~~, ~~Days~~

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No. 344. Ramsay St

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 29th 1885

*Undertaker,* J. B. Cooke

*Place of Business,* 707 N Balto St

Ernest Hensel M. D.

Medical Attendant.

*Address,* Conn Ave. & K

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John M. De Goey Inspector

[OVER.]

Permit No. 86843

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* 18

The Physician who attended any person in a last illness is responsible for the presentation to the Undertaker of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Hardt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 37 Sasafras St.

*Cause of Death,* First, (Primary.) Diphtheria.

Second, (Immediate.)

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept. 28 1885

*Undertaker,* Philip I Dill

*Place of Business,* 183 Columbia St

P. M. Bailey M.D.,

Medical Attendant.

*Address,* 128 Cathedral St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

# Health Department, City of Baltimore.

Permit No. 11844 *Office of Registrar of Vital Statistics* Ward 12

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas James Doyle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ~~2~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 40 Eutaw 24

*Cause of Death,* First (Primary), —

Second (Immediate), Inanition

*Duration of Last Sickness,* 24

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Peters Grmt

*Date of Burial,* Sept 28th 1885

Geo. D. Reynolds M. D.
Medical Attendant.

*Undertaker,* John J. Andrews

*Place of Business,* 164 & 166 Druid Hill Ave *Address,* 171 H...

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8845 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Properly Certified

HEALTH DEPARTMENT, BALTIMORE, MD. SEP 29 1885

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McElyne

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* ..... *Months.* ..... *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 105 W Chase

*Cause of Death,* First (Primary), Consumption Phthisis

Second (Immediate), Phthisis Hemorrhage

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peter Cem

*Date of Burial,* Sept 29th 1885

*Undertaker,* Adam Fink

*Place of Business,* 461 N Gay St *Address,* 69 Cathedral

C Blandee M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 18826

*Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27 1885 10½ P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna C. Sullivan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* 5 Years, 6 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 83 N. Arlington Ave.

*Cause of Death,* First (Primary), Lobular Pneumonia (double.

~~Second (Immediate)~~

*Duration of Last Sickness,* About 24 Hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 29/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto

A. A. Laton, M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 18847

*Office of Registrar of Vital Statistics.*

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E Stone

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 24 *Years,* 5 *Months,* *Days*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* Tobacco mfr

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 24 yrs. 5 mos.

*Place of Death,* {Give Street and Number.} 25. S. Spring St

*Cause of Death,* First (Primary), Gun Shot wound of Brain

Second (Immediate), Shock

*Duration of Last Sickness,* 5 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 28th 1885

*Undertaker,* Fred Gadde

*Place of Business,* 218 Caroline

S. T. Hoffman M. D.

P.M. Surgeon Medical Attendant.

Address, 346 E Balto St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

# Health Department, City of Baltimore.

Permit No. 16848 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 28/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie King

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give Street and Number.} 497 East av.

*Cause of Death,* First (Primary), Diphtheria, Malignia

Second (Immediate),

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ballonevo

*Date of Burial,* Sep 29

*Undertaker,* Wendell Dyer

*Place of Business,*

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore, 2000.

Permit No. 8849

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 28 1885 BALTIMORE, MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinder Gudwin

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 12 *Years,* — 8 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~~

*Occupation,* ~~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Accomac Co, Va

*Duration of Residence in the City of Baltimore,* 11 yrs.

*Place of Death,* {Give street and number} 40 Stricklan Al.

*Cause of Death,* First, (Primary,) Consumption of the Lungs

Second, (Immediate,)

*Duration of last Sickness,* 4 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Bells Ch Md

*Date of Burial,* Sept 29 1885 John J. King, M. D.
Medical Attendant.

*Undertaker,* Henry A Mitchell

*Place of Business,* 537 S Gay St Address 215 N. Carrollton Av

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Francis 3885

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8880 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Bowman,

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 153 S. Chas. Ave.

*Cause of Death,* First (Primary), Meningeal Abscess

Second (Immediate), Paralysis

*Duration of Last Sickness,* 4 Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 29th 1885

*Undertaker,* Henry K. Means

*Place of Business,* 415 N Gay St *Address,* 392 E. Balt. St.

G. G. Lusk M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8851 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Baehr

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* 2 *Months.* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 25 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 536 North Gay Str.

*Cause of Death,* First (Primary), Dropsy of the abdomen

Second (Immediate),

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 29th

*Undertaker,* Geo Schilling

*Place of Business,* Holland Lane, *Address,* 119 Hanover str.

Adolph J. Boehm, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8852 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 28 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Abt Langlotz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months.* 5 *Days*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* {Give Street and Number.} 18 Eagle St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* Sept 29th 1885

*Undertaker,* Fox & Loth

*Place of Business,* 16 & 70 W Balto

H O Nelson M. D.
Medical Attendant.

*Address,* 282 Hollins st

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 86852 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Kruse

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* — *Months,* — *Days,*

*Color,* White

~~*Married, Single, Widowed, Divorced,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Born in City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death.* {Give street and Number.} 412 Battery Ave

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 4 days

the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 29th

Geo. H. Dorsey M. D.
Medical Attendant.

*Undertaker* B. Hartle

*Place of Business,* 82 West st *Address,* 144 Hanover st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 10814

## Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* Sept 26th 1885 — 7 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos Abbott

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 24 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland - Baltimore

*Duration of Residence in the City of Baltimore,* Fourth Four Years

*Place of Death,* {Give Street and Number.} St Josephs Hospital

*Cause of Death,* First (Primary), Rheumatism

Second (Immediate), Heart Disease - Mitral

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 29th

*Undertaker,* B. Earle

*Place of Business,* 82 West St.

H. N. Mead M. D.
Medical Attendant.

*Address,* St Josephs Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8855

## Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Permit, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* Sept. 28th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kirchner Killian

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany Dont know

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Inst. Little Sisters of Poor

*Cause of Death,* First (Primary), Pneumonia dropsy

Second (Immediate), Two Weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer,

*Date of Burial,* Sept 30/85

*Undertaker,* M. Blandamer

*Place of Business,* 260 E. Lombard

Jno. Rucker Bond M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

# Health Department, City of Baltimore.

Permit No. 8885 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G. Hayes

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Horse dealer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 358 East ~~Baltimore~~ St. Monument st

*Cause of Death,* First (Primary), long standing lung trouble

Second (Immediate), Congestion of the lungs

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 29/85

*Undertaker,* Wm S Fry

*Place of Business,* 6 N Gay st

Milton N Taylor M. D.
Medical Attendant.

*Address,* 138 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 14857

*Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 28. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hingerling

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 19 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} # 15 S. Central Ave.

*Cause of Death,* First (Primary), Malignant tumor of abdomen

Second (Immediate), .....

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* September 30th 1885

*Undertaker,* Leonhard Veuve

*Place of Business,* 27 S. Bond St. *Address,* # 305 N. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8585 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Sims

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days*

*Color,* Col.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give Street and Number.} No. 106 Eutaw St

*Cause of Death,* First (Primary), ——

Second (Immediate), Spasms

*Duration of Last Sickness,* 12 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 29 Sept. 1

*Undertaker,* Chas. S. Butler

*Place of Business,* 131 N. Caroline

Alex. Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 18859

*Office of Registrar of Vital Statistics.*

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Schlickerman

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} German 36 Years in U.S.

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give Street and Number.} 224 Columbia Aven

*Cause of Death,* First (Primary), Erysipelas - Lower Extremities

Second (Immediate), Blood poison

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Lemmary

*Date of Burial,* September 30 th

*Undertaker,* Andrew Knell

*Place of Business,* 206 Columbia

I H Kenny M. D.
Medical Attendant.

*Address,* 76 E Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 16860

## Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after [illegible] deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 29 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdaline Schaffer,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* One *Months,* *Days*

*Color,* White,

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housewife,

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany, 40 Years,

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 234 N Eutaw St,

*Cause of Death,* First (Primary), Cirrhosis of the Liver,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Years,

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* Sep. 30

*Undertaker,* C. H. Blizzard

*Place of Business,* 207 205

J. W. Chambers M. D.
Medical Attendant.

*Address,* 182 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 86861

*Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. Faust

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 46 *Years,* *Months,* *Days*

*Color,* Color

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 9 Fourth St

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Marasmus

*Duration of Last Sickness,* Two (2) years

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemetery

*Date of Burial,* Sept 30th 1885

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St. *Address,*

Geo Forsbeer M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86862 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} N

*Occupation,*

*Birth Place,* {State or country, and how long in the United States if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 85 N. Appleton.

*Cause of Death,* First (Primary), Tabes Mesenteric

Second (Immediate), Dentition.

*Duration of Last Sickness,* About 1 week.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 29

*Undertaker,* Wm J Schaeffer

*Place of Business,* 125 S. Front St

A H Saxton, M. D.
Medical Attendant.

*Address,*

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8 C 8 6 3. *Office of Registrar of Vital Statistics,* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after~~ the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William N. Patterson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* 10 *Months.* 18 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore V

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 492 W. Baltimore St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), affecting the Brain

*Duration of Last Sickness,* Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Sept 29th 1885

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N Fremont Address, 202 W Lombard

John Nutt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 86864.

*Office of Registrar of Vital Statistics.* 10

The Physician who attended any person in a last illness is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* September 28. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Barrett

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Telegraphist

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number.} No 115 N. Hanover St

*Cause of Death,* First, (Primary.) General breaking down

Second, (Immediate.)

*Duration of Last Sickness,* During my Care four days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Sept 30th 1885

James Armitage M.D.,
Medical Attendant.

*Undertaker,* J. Lewis Schaefer

*Place of Business,* 109 N Howard St *Address,* No 14 N Paca St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 8685 — *Office of Registrar of Vital Statistics.* — 1810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Grady

~~*Sex, Male* or *Female*,~~ {Cross out the word not required in this line.}

*Age,* 80 *Years,* — *Months,* 9 *Days.*

*Color,* White

~~*Married, Single*~~, *Widow* or ~~*Widower*~~, {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany, In this country since 1846

*Duration of Residence in the City of Baltimore,* since 1846

*Place of Death,* {Give street and number.} 74 Bowley Lt.

*Cause of Death,* First, (Primary.) Old Age

Second, (Immediate.) 8 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Oct. 1st 1885

*Undertaker,* Mr. Flacher

*Place of Business,* Paca & Camden

R. C. Smith M.D.,

Medical Attendant.

*Address,* 106 Cathedral

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8886 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 28th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Krauss

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 14 *Years,* 10 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——— High School girl

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 12 S. Eden St

*Cause of Death,* First (Primary), Sepsis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Meth. Cemetery

*Date of Burial,* Sept. 30 1885

*Undertaker,* Chas. H. Evans & Co

*Place of Business,* Eager & Lucy *Address,* 12 S. Eden St

L. Ohlmacher M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 86867

*Office of Registrar of Vital Statistics.* 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 29 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH,

*Date of Death,* Sept 28 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wade

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 37 Sassafras St

*Cause of Death,* First, (Primary.) Diptheria

Second, (Immediate.)

*Duration of Last Sickness,* three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept. 29th 1885

A. M. Belt. *M.D.,*

Medical Attendant.

*Undertaker,* Ph. J. Dill & son

*Place of Business,* 183 Columbia ave *Address,* 12 Cathedral st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the following

# Board of Health, City of Baltimore,

Permit No. 8888 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schmeltzer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days,*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and Number.} 14 Jackson Court

*Cause of Death,* First (Primary).

Second (Immediate). Phthisis Pulmonalis

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* F C Thomas

*Date of Burial,* Sept 30 1885

*Undertaker* H Rosenberger

*Place of Business,* 70 Saint Paul

O. Edw. Janney M. D.
Medical Attendant.

*Address,* 58 N Green St
Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 80869 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 29 1885

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 28

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Howard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* ..... *Months.* ..... *Days*

*Color,* Wht.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} N. C. R. R. Depot

*Cause of Death,* First (Primary), Hemorrhage from being run over

Second (Immediate), Shock

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Cross Cemetery

*Date of Burial,* Sept 30th

*Undertaker,* Wm J Schaeffer

*Place of Business,* 125 S. Front St *Address,* Coroners Dist.

Alexander Hill, *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 16870 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. Metzel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 6 *Months,* 3 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 8 yrs

*Place of Death,* {Give Street and Number.} 65 Cross

*Cause of Death,* First (Primary), Fatty Tumor

Second (Immediate), Opium

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 29 Th 1885

*Undertaker,* Lubin & Zachlin

*Place of Business,* Sharp & Cross *Address,* 218 Light

R H Ellis M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 6687 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellinor Ford Brady

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* 6 *Months.* *Days*

*Color,* (Widow) White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give Street and Number.} 245 St Paul's

*Cause of Death,* First (Primary) Lung disease - Fatty degeneration

Second (Immediate), Exhaustion

*Duration of Last Sickness,* ~~One~~ Two months or six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Sept 30th /85

*Undertaker,* H H Jenkins & Sons

*Place of Business,* Park & Saratoga Sts *Address,* 57 Cathedral

C B Gundry M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 86872 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 28th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Williams

*~~Sex, Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* C

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} York Pennsylvania

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 120 Paine St

*Cause of Death,* First (Primary), Cardiac Rheumatism

Second (Immediate),

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Sept. 30th 85

*Undertaker,* B. Calligan

*Place of Business,* 227 Aisquith St *Address,* Mulberry & Myrtle Ave

Louis Chas Horn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

# Health Department, City of Baltimore.

Permit No. 6873 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and the Coroner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 29 1885 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Roos

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 10 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 1 Year

*Place of Death,* {Give Street and Number.} 100 Ridgely St.

*Cause of Death,* First (Primary), Diphtheritic Endocarditis

Second (Immediate), & Asphyxia

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 30th 1885

Wm Gould M. D.
Medical Attendant.

*Undertaker,* Ernst Schuerman

*Place of Business,* 181 Sharp St *Address,* 170 Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8687 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Kerlitz

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* 11 *Months,* 1 *Days*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 39 E Park Ave,

*Cause of Death,* First (Primary), Bright's Disease,

Second (Immediate),

*Duration of Last Sickness,* About 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Richmond Va

*Date of Burial,* Oct 1st 85

*Undertaker,* Geo Eisenbrandt Sons

*Place of Business,* Park Ave

H. Daniel M. D.
Medical Attendant.

*Address,* 9 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86875 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca W. Stockbridge

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 62 *Years,* 7 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* 3 & 1/2 years

*Place of Death,* {Give Street and Number.} 80. Camden Street

*Cause of Death,* First (Primary), Disease of Heart & Kidneys

Second (Immediate), Dropsy & Exhaustion

*Duration of Last Sickness,* 4 1/2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* ~~Sept 30~~ Oct 1st

*Undertaker,* Wm J. Tuckney

*Place of Business,* 65 S. Eutaw St

Z. K. Nitzy M. D.
Medical Attendant.

*Address,* 95 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 86876 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W Graham

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* ____ *Months.* ____ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ____

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 28 7 and

*Place of Death,* {Give Street and Number.} 234 N Amer st

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 3-4 week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* September 30th

*Undertaker,* Spruenkle & Bertol

*Place of Business,* 210 E Balto st

J E Conrad M. D.
Medical Attendant.

*Address,* August 7 Kayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86877 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29th/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Eliz. G. Woodward

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* 10 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow (of Gen. P. W.)

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* {Give Street and Number.} 544 Franklin St

*Cause of Death,* First (Primary), Fatty degeneration of heart

Second (Immediate), Failure of heart power

*Duration of Last Sickness,* 3 or 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 1st

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Baltimore

H. F. Biel M. D.
Medical Attendant.

*Address,* 23 E Lanvale

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 86878 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence E Moran

Mole

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* ~~Months,~~ 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 438 E Chase St

*Cause of death,* First, (Primary,) Croup

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Oct 1st 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 618 Broadway

A Ironsohn M. D.,
Medical Attendant.

*Address,* 276 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 86879

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

74

Date of Death, Sept. 29. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 y 8 ? Years, Months, Days.

Color, Colored

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupant Md Womens Home W. Biddle St. 2.C.4

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number} 204 Biddle St.

Cause of Death, First, (Primary,) Aortic valve insufficiency Chronic Nephritis

Second, (Immediate,) Ascites. Exhaustion.

Duration of last Sickness, Confined for 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Oct 1st 1885

Undertaker, Chas Hamilton

Place of Business, 16 Orchard St

Alfred Hanstale M. D.
Medical Attendant.

Address, 228 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Rules on Second Page.

# Health Department, City of Baltimore.

Permit No. 86880 *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT SEP 30 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sep 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Letitia Corbin

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* , *Months,* *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va, King & Queen Co

*Duration of Residence in the City of Baltimore,* 4 yrs.

*Place of Death,* {Give Street and Number.} 16 Clifton Ct

*Cause of Death,* First (Primary), Typhoid Malarious Fever

Second (Immediate),

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cem of Holla.

*Date of Burial,* Sept 30th 1885

*Undertaker,* Ex Hearse Co

*Place of Business,* 16 Orchard Address, 127 Pennsylvania Ave.

J Harvey Bond M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3889 Trans

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 86881 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. McAllister

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days*

*Color,* White.

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 66 N Eutaw St.

*Cause of Death,* First (Primary), Tuberculosis, (Chronic Lungs)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 1st 1885

F W Landers M. D.
Medical Attendant.

*Undertaker,* Henry K. Mears

*Place of Business,* 45 N. Gay St. *Address,* 133 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to ...

# Health Department, City of Baltimore.

Permit No. 86882 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* September 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth L. Bewley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Queenanne County

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 227 German St.

*Cause of Death,* First (Primary), Uterine Cancer

Second (Immediate), General Oedema

*Duration of Last Sickness,* One Year

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct 1st 1885

*Undertaker,* F. Lewis Schaff

*Place of Business,* 109 N. Fremont Address, 105 N. Central Ave.

Francis A. Sauer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86883. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul C. Rhuark

*Sex, Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months.* *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* V

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 137 Johnson St

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Convulsions

*Duration of Last Sickness,* 14 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 30

*Undertaker,* B. Heath

*Place of Business,* 82 West St / *Address,* 50 Warren Ave

Herb Noble M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 86884

## Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mueller

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 49 *Years,* ... *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 27 yrs

*Duration of Residence in the City of Baltimore,* 27 yrs

*Place of Death,* {Give Street and Number.} 136 West St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

*Duration of Last Sickness,* Several Years

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Oct. 1

*Undertaker,* B. Miller & Son

*Place of Business,* 62 West St. *Address,* 281 S. Charles St.

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Returns below, and to the Rules on Burials.

# Health Department, City of Baltimore.

Permit No. 8886 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Burk

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 22 *Years,* ~~Months,~~ *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* Can maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore MD.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 913 Eden St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Sept 31 1885

*Undertaker,* G. France

*Place of Business,* Bank & Wolff.

E J Williams M.D

Medical Attendant

*Address,* 57 Eden St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# Health Department, City of Baltimore.

Permit No. 11,886 *Office of Registrar of Vital Statistics.* Ward 12"

HEALTH DEPARTMENT SEP 30 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Price

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 26 Mason Alley

*Cause of Death,* First (Primary), Mal Nutrition

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* one Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* September 30 1885

*Undertaker,* Thos J Locke

*Place of Business,* 73 Jefferson St *Address,* Baltimore Md

James A Sloan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Sanitary Inspector

Special Attention of Physicians is Respectfully

# Health Department, City of Baltimore.

Permit No. 86887 *Office of Registrar of Vital Statistics,* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1885 BALTIMORE MD.

8

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lacey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 28 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Boston Mass

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give Street and Number.} #16 Second St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Intemperance

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* H of G Cross Cem

*Date of Burial,* Sept 30 "85

*Undertaker,* Chas F Evans & Co

*Place of Business,* Valley & Eager Sts

James A Steuart M. D.

Comm'r of Health & Registrar

*Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Et. 1.4

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas C. Fitzpatrick Sanitary Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# Health Department, City of Baltimore.

Permit No. 16888 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 30/885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Cook

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~———~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 3 Oxford Ave

*Cause of Death,* First (Primary), Neglect- Exposure

Second (Immediate), Spasms

*Duration of Last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 30=1885

*Undertaker,* Wm Pyle — Samuel Steinb M. D.

*Place of Business,* Mulberry St — *Address,* Cor of Hearse & Regis Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case came under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Sanitary Inspector

OAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 86.889 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 30th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months.* 2 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincents Infant Asylum

*Cause of Death,* First (Primary), Exposure

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Oct. 1/85.

*Undertaker,* Robt Robinson.

*Place of Business,* Fusion & Townsend.

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem ave & Calhoun.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 30 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Obed La Fayette Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Instrument Baker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* 62 years

*Place of Death,* {Give street and number.} 68 E Balto St

*Cause of Death,* First (Primary,) Valvular disease of Heart

Second (Immediate,) Diabetes

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green mount Cemetery

*Date of Burial,* Oct 1 1886

Jas H. Gaskins M. D.
Medical Attendant.

*Undertaker,* John Tape

*Place of Business,* 291 Balt. St *Address* 221 Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8689

HEALTH DEPARTMENT SEP 30 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Beard

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 20 *Years,* 11 *Months,* 27 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Her entire life time

*Place of Death,* {Give street and number} 174 N Dallas St

*Cause of Death,* First, (Primary.) Lung Fever

Second, (Immediate.) Pulmonary Consumption

*Duration of last Sickness,* Ill ten weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* October 1 1885

W. H. Hammond M. D.
Medical Attendant.

*Undertaker,* Henry Hoen

*Place of Business,* 389 W. Lanvale St. *Address,* 64 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The special attention of Physicians is respectfully

# Health Department, City of Baltimore.

Permit No. 86892 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sep. 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann B. Woods

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* during her life

*Place of Death,* {Give Street and Number.} 234 Lafayette Av

*Cause of Death,* First (Primary), Softening of Brain

Second (Immediate), .....

*Duration of Last Sickness,* Over a year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* October 2d 1885

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw

H. Thurston M. D.
Medical Attendant.

*Address,* 257 Mad Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86873 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Jenkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 36 *Years,* ..... *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Teacher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 12 Fremont Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Compression of Brain from fracture

*Duration of Last Sickness,* 17 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 2nd

*Undertaker,* Geo. Schilling

*Place of Business,* Park and Eutaw *Address,* 23 Franklin

H. Patterson *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86894 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT. 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Fisk C

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 4 *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 42 Bartlett St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asthenia

*Duration of Last Sickness,* 4 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct. 2/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto

Jno D Blake M. D. Medical Attendant.

Address, 158 Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting for h as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86895 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in u last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boyd

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 12 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 44 Druid Hill ave

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Inanition.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Oct 1st 1885

*Undertaker,* Alex Hensley

*Place of Business,* 16 Archer Address, 242 N Eutaw St

O Edw. Janney M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 86896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29th '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Neale

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 62 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number} 374 St. Paul st.

*Cause of Death* First, (Primary,) Parenchymatous Hepatitis Chron

Second, (Immediate,) Uraemia

*Duration of last Sickness,* Not known

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Oct 2nd 1885

T. Barlow Bruce M. D.
Medical Attendant.

*Undertaker,* Alex Hinsley

*Place of Business,* 116 Orchard St *Address,* 365 N. Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86877 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Lee Fowler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 402 Lancaster st

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Congestion of brain

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemy

*Date of Burial,* October 2nd

*Undertaker,* F. W. Isell

*Place of Business,* 131 Hanover St. *Address,* 317 Hollins St

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 86898. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

14a

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph C Bar[illegible]

*Sex, Male or Female,* {Cross out the word not required, in this line.} Male

*Age,* 82 *Years,* 8 *Months,* 10 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Machinist

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give street and Number.} 508 Franklin St

*Cause of Death,* First (Primary). Old age

Second (Immediate). Softening of the Brain

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Oct 2nd 1885

*Undertaker* Ferry & Milnes

*Place of Business,* 680 W Fayette St Address, 134 N Carrollton Ave

John D Pennington M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 86899 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. M Lytle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 73 *Years,* 7 *Months,* 19 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Commission merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give Street and Number.} 505 Mulberry st

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), asthenia

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem

*Date of Burial,* Oct 1st 1885

*Undertaker,* Denny & Ratchford

*Place of Business,* 550 W Fayette St *Address,* 22 Edmondson Ave

J M Hundley M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Requested.

# Health Department, City of Baltimore.

Permit No. 86900 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. OCT 1 1885

## CERTIFICATE OF DEATH.

*Date of Death,* September 30" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Catherine, Case

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* three *Years,* three *Months.* ——— *Days*

*Color,* Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ———

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} No 26 Vincent Alley

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), died of exhaustion

*Duration of Last Sickness,* three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemtery

*Date of Burial,* October 2 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Corn Pat St *Address,* 630 Lexington st

Arthur A Burns M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8690 1/ *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* October 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria C. Belz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 53 *Years,* 4 *Months,* — *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give Street and Number.} 145 Camden st

*Cause of Death,* First (Primary), Cancer of Breast

Second (Immediate), Prostration

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 3rd 1885

*Undertaker,* Ernst Schuman

*Place of Business,* 181 Sharp

C. A. Buddenbohn M. D. Medical Attendant.

*Address,* 166 S. Paca st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

# Health Department, City of Baltimore.

Permit No. 86902 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F. Sollenberger

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} Carrollton Hotel

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Intestinal Haemorrhage & Exhaustion

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct 2nd 1885

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave Address, 141 W. Lanvale St

S. C. Chew M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 86903 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1 1885 BALTIMORE MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1- 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip T. Emmart

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 51 *Years,* — *Months,* — *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower~~ {Cross out the word not required in this line.} Married

*Occupation* Restaurant keeper

*Birthplace,* {State or country, and how long in the United States if of foreign birth.} Baltimore - Md.

*Duration of Residence in the City of Baltimore,* Living life

*Place of Death,* {Give street and Number.} 281 N. Hoffman St.

*Cause of Death,* First (Primary), Chronic Bright's Disease

Second (Immediate), Uraemic Coma with Oedema of lungs

*Duration of Last Sickness,* Two years & over.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* Oct 3rd 1885

*Undertaker* Stewart & Mowry

*Place of Business,* 35 Park ave. *Address,* 248 N. Eutaw St.

Mrs E. Moseley, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86904 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J Freburger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 69 Stockholm St.

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Cachexia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 2nd 1885

*Undertaker,* John S. Mackey

*Place of Business,* Camden St *Address,*

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 16905 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olive G. Bender

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months.* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 1. 1. 21.

*Place of Death,* {Give Street and Number.} 176 Battery Ave

*Cause of Death,* First (Primary), "

Second (Immediate), Dysentery, Diarrhoea 3 months

*Duration of Last Sickness,* "

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 2 1885

*Undertaker,* Armstrong and Berry

*Place of Business,* 263 Light

R. C. Lee M. D.
Medical Attendant

*Address,* Hanover St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86906 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. OCT 1 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Malone

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* *Years,* 20 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 7 Eleven St.

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Oct 2nd 1885

*Undertaker,* M. Devaney & Son

*Place of Business,* 92 E. Lee

E. J. Cairns M. D.
Medical Attendant.

*Address,* 70 Eleven St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86907 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gatus

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 11 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 120 S. Caroline St.

*Cause of Death,* First (Primary),

Second (Immediate), Pulmonary Phthisis

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Oct 2 - 1885

*Undertaker,* M. Colahan & Son

*Place of Business,* 92 S. Amm *Address,* 92 S. Amm St.

W. H. Abell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86908 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 1 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burke

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 87 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* XXX

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give Street and Number.} 205 S. Central Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Old age

*Duration of Last Sickness,* Eight Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Oct 2nd 1885

*Undertaker,* Wm J Schaffer

*Place of Business,* No 5 S. Front St *Address,* .....

James E Smith M. D.
Medical Attendant.

P E Balto Co

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully ...

# Board of Health, City of Baltimore.

Permit No. 86909 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma E. Krause

*Sex,* [redacted] *Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* [redacted] *Months,* [redacted] *Days,* 7

*Color,* White

*Married* [redacted] *Widower,* {Cross out the word not required in this line.}

*Occupation* [redacted]

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 42 Barney St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 4 days

the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetry

*Date of Burial,* October 2 /85

*Undertaker* B. Hearle

*Place of Business,* 52 West St

Geo. H. Jenkins M. D.
Medical Attendant.

*Address,* 144 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Cases reported 26 Oct. 96 Inspector called, & yet Mark Lane
Disinfectant

The Special Attention of Physicians is Requested.

# Health Department, City of Baltimore.

Permit No. 86910 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE BALTIMORE, MD. OCT 1 1885

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Sept~~ Oct 1 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Hessian

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 6 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 10 Prius Place Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 10 Prius Place

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), " "

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Texas Balto Co

*Date of Burial,* Oct 2d

{ *Undertaker,* H. C. Wiedefeldt

*Place of Business,* 90 Greenmount Ave

J. H. Robinson M. D.
Medical Attendant.

Address, 25 E Fremont Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3890 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the [illegible]

# Health Department, City of Baltimore.

Permit No. 86911 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Bell

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 49. *Years,* ..... *Months.* ..... *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* About 20 years

*Place of Death,* {Give Street and Number.} 54 Parkin St

*Cause of Death,* First (Primary), .....

Second (Immediate), Phthisis

*Duration of Last Sickness,* About 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem

*Date of Burial,* Oct. 2/85

*Undertaker,* [redacted] B. Cook

*Place of Business,* 407 W. Balto St *Address,* Carrollton av.

J. H. C. Cuddy for E. M. R. M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8697/2 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* September 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Coll

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* —— *Years,* 13 *Months.* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 15-4 Hudson Ln Canton

*Cause of Death,* First (Primary), .....

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross cem

*Date of Burial,* October 2 1885

*Undertaker,* H. Sanders Son

*Place of Business,* 252 Canton Av

Jos Jungmann M. D.
Medical Attendant.

*Address,* Body of House

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86913 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Brack

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Salesmaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 314 Warren Ave

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Oct 2nd 1885

*Undertaker,* [redacted]

*Place of Business,* [redacted] *Address,* 446 Warren St

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List on Back of this Certificate.

# Health Department City of Baltimore.

Permit No. 86914 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* April 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Chamberlain

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 32yrs *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 37 Lemmons alley

*Cause of Death,* First (Primary) Hydrocephalus

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* But a few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Harford Cemetery

*Date of Burial,* Oct 2 1885

*Undertaker,* Hoffman & Kennedy

*Place of Business* 116 Orchard St

C B Gamble M. D.
Medical Attendant.

*Address,* 57 Caroline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8695 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1st 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Pinckney

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Seven *Years,* ~~*Months,*~~ ~~*Days.*~~

*Color,* Brown

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* Eleven months

*Place of Death,* {Give Street and Number.} 16 Division St.

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Anemia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* Oct. 2, 1885

*Undertaker,* Hutchinson Kennedy

*Place of Business,* 116 Pratt St.

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Ward 5-11

Permit No. 8696 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allie Massey,

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* —— *Days*

*Color,* White,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City. Lifetime.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 63 Frest St.

*Cause of Death,* First (Primary), Gastro-Enteritis. (Bottle fed)

Second (Immediate), Thrush

From Weeks.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cappe Rd, Near Cemetery.

*Date of Burial,* Oct 2nd 1885

*Undertaker,* Chas. F. Evans & Co

*Place of Business,* Eager & Valley Sts

F. W. Lambus M. D.
Medical Attendant.

*Address,* 133 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 86917 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 30 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Pinkney

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 7 *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md.

*Duration of Residence in the City of Baltimore,* 3 weeks

*Place of Death,* {Give street and number.} 616 ~~West Cont St~~ Woodyear (near Lanvale St)

*Cause of death,* First, (Primary,)

Second, (Immediate,) Peritonitis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial* Oct 2 1885

*Undertaker,* Wm Conrad Dorsey

*Place of Business,* 62 East St

J. W. Clark M. D.,
Medical Attendant.

*Address,* 247 N. Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2: *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is [illegible]

# Board of Health, City of Baltimore,

Permit No. 86918 *Office of Registrar of Vital Statistics.* Ward 20 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 1 – 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah W Reed

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days,*

*Color,* White

~~*Married*~~, *Single*, *~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} Union Protestant Infirmary

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct 2nd 1885

C. Fawcett M. D.,
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 556 W Fayette St *Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86919

The Physician who attended any person in a last illness is responsible for the presentation of the Certificate, *duly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
OCT 2 1885
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* October 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel McGilton

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 10 *Months,* 3 *Days.*

*Color,* white *Sex,* ——

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.} —— ——

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 502. E Chase St.

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,) Coma

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery Thomas J. Simms M. D.

*Date of Burial,* Oct 2 Medical Attendant.

*Undertaker,* A. O. R. Bandell *Address* 242. N. B Way

*Place of Business,* 46 Hannaman ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86920 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine M. Geske

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 11 *Days*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 83 N Exeter St

*Cause of Death,* First (Primary), —

Second (Immediate), Marasmus

*Duration of Last Sickness,* During Life

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Cemetery

*Date of Burial,* Oct 2 1885

*Undertaker,* John Heming — Henry Shertzer M. D. Medical Attendant.

*Place of Business,* 382 Orleans — *Address,* 88 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 8692 / *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1885 BALTIMORE, MD.

8

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karl Lee Heller

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 1 *Months,* 15 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 470 N Eden St.

*Cause of Death,* First (Primary), ...

Second (Immediate), Cyanosis.

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 3 d 1885

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St *Address,* 57 Aisquith-st

Edward P. McDevitt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8622 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael A Bates

*~~Sex, Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 26 Division & Eutaw

*Cause of Death,* First (Primary), Old age

Second (Immediate), Paralysis

*Duration of Last Sickness,* Years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters County

*Date of Burial,* Oct 2 1885

*Undertaker,* Maryan & Pye

*Place of Business,* 169 Mulberry St *Address,* 169 Mulberry

C B Gaudlen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore.

Permit No. 86923

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, BALTIMORE, MD. OCT 2 1885

## CERTIFICATE OF DEATH.

*Date of Death,* October 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Lucas

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... *Months,* 21 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 129 Linden Avenue

*Cause of Death,* First, (Primary.) Cerebral Congestion

Second, (Immediate.) Sudden - probably Spasm,

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 2/85

*Undertaker,* Chas. L. Sevier

*Place of Business,* 27 N. Eutaw *Address,* 68 W. Centre St.

Marbury Brewer M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86924 *Office of Registrar of Vital Statistics* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Hannah V. William Ray

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~ *Years,* ~ *Months,* 3 Minutes ~~Days~~

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 13 Little Wilson Street

*Cause of Death,* First (Primary),

Second (Immediate), Premature Birth

*Duration of Last Sickness,* Life Time

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Oct 2/85

*Undertaker,* Wm Ray (Painter) } James H Lewis M. D.

*Place of Business,* 13 Little Wilson St *Address,* Camp 76 & 78

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Barry
Painting Inspector

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86925 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 1.10.85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H. Cook

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* 14 *Months,* 13 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} 103 Ridgely St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Oct 2nd 1885

*Undertaker,* Wm J Tickner

*Place of Business,* 65 S. Eutaw St *Address,* 226 N. Mulberry St

Louis Chas Kann M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86926 *Office of Registrar of Vital Statistics.* 8 7

HEALTH DEPARTMENT DEC 3 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Octo. 2nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca McLaughlin

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5-8 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~Ireland~~, Baltimore Life time

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 3 Colarks alley

*Cause of Death,* First (Primary), Paralysis of Brain

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 3-1885

*Undertaker,* H C Wedefeld

*Place of Business,* Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Chase St & Forest Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8627 *Office of Registrar of Vital Statistics.* Ward 10 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Howard & Loughlin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 13 *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 30 Rock St

*Cause of Death,* First (Primary), Catarrhal Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters (Emm St)

*Date of Burial,* Oct. 3rd 85

*Undertaker,* Wm Cadogan

*Place of Business,* 22 Mulberry St *Address,*

A. Ricketts *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore

Permit No. 86928 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT OCT 2 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 2nd Oct 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hanna

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 131 Montgomery st

*Cause of Death,* First (Primary), Occlusion of the Anus

Second (Immediate), Vagina and Urethra

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester be

*Date of Burial,* Oct 3 1885

*Undertaker,* Armstrong Bros

*Place of Business,* 263 Light

H W Webster M. D.
Medical Attendant.

*Address,* 101 Barnet

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3891 Barnet

The Special Attention of Physicians is Respectfully Invited to the Remarks below, [illegible]

# Health Department, City of Baltimore.

Permit No. 86929 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Octo 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emilie A. Scarborough

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 43 *Years,* ——— *Months.* ——— *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Washerwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give Street and Number.} 137 Fairmount St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), 7 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mary's Cemetery

*Date of Burial,* Oct 2 1885

*Undertaker,* Saml M. Chase

*Place of Business,* 198 S Howard St

R. E. Lee M. D.
Medical Attendant.

*Address,* Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86930 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anderson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 3 *Months,* 4 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 8 Carlton St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Dranitis

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pub. Cem

*Date of Burial,* Oct 2d 1885

*Undertaker,* H W Kirchner

*Place of Business,* Health Office

James A Steuart M. D.

Medical Attendant.

Address, County H & P C

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. E. Roberts Asst Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Form.

# Health Department, City of Baltimore.

Permit No. 86931 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Mackessy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* — *Months.* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 4 years.

*Place of Death,* {Give Street and Number.} 105 Eutaw St.

*Cause of Death,* First (Primary), Cerebritis

Second (Immediate),

*Duration of Last Sickness,* Has been sick for 2 or 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Oct 5 1885~~ St. Patricks, Penn

*Date of Burial,* October 3, 1885

*Undertaker,* M. A. Dauger

*Place of Business,* 74 S. Bdwy.

E J Williams M. D.
Medical Attendant.

*Address,* 53 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86934 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Dean

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 4 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 550 Donnell

*Cause of Death,* First (Primary), Pseudo Membranous Croup

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Oct 3rd 86

*Undertaker,* G. France

*Place of Business,* Bantz & Wolfe Address 53 Eden st

E. J. McCuen, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86933 *Office of Registrar of Vital Statistics.* Ward 24

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Woodside

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* — *Years,* 11 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 173 Chesapeake st.

*Cause of Death,* First (Primary), Interstitial Inflammation of Liver

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Oct. 2nd '85

*Undertaker,* G. Frazer

*Place of Business,* Banks & Wolfe *Address,* 53 Calvert St.

E. Williams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 66934 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Doora Hohman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} ~~Married~~ Widow

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} 500 E Monument St

*Cause of Death,* First (Primary), Tuberculosis (acute)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Conv

*Date of Burial,* Oct 3. 1885

*Undertaker,* G. France

*Place of Business,* Bank & Mott *Address,* 133 N Eutaw St

F W Chambers M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 86935 *Office of Registrar of Vital Statistics.* Ward 4

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winifred Kelly

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 39 years

*Place of Death,* {Give Street and Number.} S. W. Cor of Exeter & Granby

*Cause of Death,* First (Primary) Chronic Bronchitis

Second (Immediate) Oedema of Glottis

*Duration of Last Sickness,* 2 or 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemet

*Date of Burial,* Oct 3d 1885

*Undertaker,* Geo P Byrne

*Place of Business,* 63 Years

Geo Rykards M. D.
Medical Attendant.

*Address,* 171 N Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to

# Board of Health, City of Baltimore.

Permit No. 86936 *Office of Registrar of Vital Statistics*, Ward 12 1

The Physician who attended any person in a last illness, is responsible for the delivery to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE, MD.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* October 2 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella I. Whiting

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Charleston South Carolina

*Duration of Residence in the City of Baltimore,* One Week

*Place of Death,* {Give street and Number.} 236 Hoffman St

*Cause of Death,* First (Primary),

Second (Immediate). Congestion of the Brain

*Duration of Last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Charleston SC

*Date of Burial,* Oct 3rd 85

*Undertaker* Hoof Eufaula Ala

*Place of Business,* Park Wandy

F. T. Miles M. D.
Medical Attendant.

*Address,* 28 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3893 Granite

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86937 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT
OCT 3 1885
BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H Askins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 60 Williamson

*Cause of Death,* First (Primary), Spasmo

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 3 1885

*Undertaker,* S H Chase

*Place of Business,* 192 Howard St *Address.*

W S Bax M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86938 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lanker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 10 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ××Y

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 93 N Castle St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Since 10 July

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemia - Cemetery

*Date of Burial,* Oct 3 to 1885

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans Address, 276 Balto St

James E Donnelly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86939 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1 "85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Bullock

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} #36 Centre Market Space

*Cause of Death,* First (Primary), .....

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* E. City Cemetery

*Date of Burial,* Oct 2 "85

*Undertaker,* Leo Rinehart

*Place of Business,* Health Dept

James A Steuart M. D.

~~Medical Attendant~~

*Address,* Canton R R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Ex by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Jas L. Kirkpatrick Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8694 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm D McGuire

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* 6 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 167 Scott, Sh

*Cause of Death,* First (Primary), —

Second (Immediate), Croup (Diphtheritic)

*Duration of Last Sickness,* 1½ days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Oct 3rd 1885

*Undertaker,* John S Mackey

*Place of Business,* 150 Canton

Jno W Hall M. D.
Medical Attendant.

*Address,* 153 Pacific

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86941 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Barron

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* ..... *Months,* ..... *Days*

*Color,*

*Married,* ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 123 S. Paca St.

*Cause of Death,* First (Primary), Softening of the Brain

Second (Immediate), Paralysis

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Oct 5th 1885

*Undertaker,* John S. Thacher

*Place of Business,* No 150 Camden St

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 359 Barre St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 8694

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8694 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward L Steckfuss

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 11 *Months,* 18 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 397 Hamburg St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 3rd 1885

*Undertaker,* C F Krauthoff

*Place of Business* 209 Hanover *Address,* 146 Hanover St

Edward Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86943 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J. Cooper

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} ~~Male~~

*Age,* 15 *Years,* *Months,* 13 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 25 E. Aug St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Pneumonia

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Oct 5th 85

*Undertaker,* Hughes & Son

*Place of Business,* Balt & Extra St

G. G. Lurk M. D.
Medical Attendant.

*Address,* Balt. & Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause nd date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 86944 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. OCT 3 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Parsons

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months.* 17 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 12 Edmondson ave

*Cause of Death,* First (Primary), Teething

Second (Immediate), Cerebral Conjestion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Oct 5 85

*Undertaker,* Chas. F. Scriven

*Place of Business,* 271 N Eutaw *Address,* 47 Edmondson ave

Jas. E. Gibbons M. D.
Medical Attendant.

---

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86945 *Office of Registrar of Vital Statistics.* Ward 8 7

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE, MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Baynard

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* 2 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 157 Harford ave

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* Oct 4. 1885

*Undertaker,* John W Jackson

*Place of Business,* Lay & Carroll

J L Pennington M. D.
Medical Attendant.

*Address,* 134 N Carrollton Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3894 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

# Health Department, City of Baltimore.

Permit No. 86946 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. OCT 3 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Henderson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 27 *Days* 27

*Color,* Col'd

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 95 Orleans St

*Cause of Death,* First (Primary),

Second (Immediate), Abscess in the Stomach

*Duration of Last Sickness,* 18 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 3rd /85

*Undertaker,* J. J. Locke

*Place of Business,* 73 Jefferson *Address,* Balto.

L. J. Gue M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86947 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hannaway

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow or*~~ ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 67 Amity St.

*Cause of Death,* First (Primary), Cold

Second (Immediate), Consumption

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Oct 4th 1885 T. S. Goodman M. D.

Medical Attendant.

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Madison *Address,* 481 Saratoga St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 32948 *Office of Registrar of Vital Statistics.* Mar 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2d 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ethel Boland

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 22 N. Macon

*Cause of Death,* First (Primary), General Paralysis

Second (Immediate),

*Duration of Last Sickness,* about 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cy

*Date of Burial,* Oct 4/85

*Undertaker,* STEWART & NOWAK UNDERTAKERS 35 Park Ave.

*Place of Business,*

H. Mathes M. D.
Medical Attendant.

*Address,* 2 Pettit Court

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86949 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Novak

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* ..... *Months,* ..... *Days*

*Color,* .....

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 128 E. Fr. Fiddle A-

*Cause of Death,* First (Primary), Septicaemia

Second (Immediate), .....

*Duration of Last Sickness,* 2 Weeks -

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Cem

*Date of Burial,* 4th October 85

*Undertaker,* Henry Hofman

*Place of Business,* 63 N Eden St

Wm. L. Russell M. D.
Medical Attendant.

*Address,* 238 h Broadway -

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 86950

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 86950 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1885 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* October 2nd 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Langford

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

*Age,* 44 *Years,* — *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation* House Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore U.S.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 275 Chapel St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 3 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Oct 5 - 1885

*Undertaker* Wm. W. Maddux

*Place of Business* 46 East Pl

Thomas J. Simms Wm. M. D. Medical Attendant.

242 E. Baltimore Address.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *"And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 8695

*Office of Registrar of Vital Statistics.* 12

HEALTH DEPARTMENT OCT 4 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 3 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude O'Donnelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 day and 10 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 263 East Avenue

*Cause of Death,* First, (Primary.) Premature birth between 6th & 7th month

Second, (Immediate.) weight 2 pounds - general

*Duration of Last Sickness,* Fatal

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphons

*Date of Burial,* 4th October.

*Undertaker,* Lorebner

*Place of Business,* Baltimore City

Marbury Brown M.D.,
Medical Attendant.

*Address,* 68 W. Pratt St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86952 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E Boykin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 123 Welcome Alley

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Phthisis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 4 1885

*Undertaker,* Geo Perkins

*Place of Business,* 221 Hanover St *Address,*

E W Borze M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law of ...

# Board of Health, City of Baltimore,

Permit No. 86963 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 30 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Henry Elbert

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Border Maker.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give street and Number.} 349 Ramsay st.

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Five years.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Oct. 4/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. *Address,* 224 N Gilmor St

Harwright *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86954 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 3. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Lanken

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 827 E. Caroline St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Die Laus tiva

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* Oct. 4/85

*Undertaker,* J. B. Cook

*Place of Business,* 7 & 9 W. Balto St. *Address,* 392 E. Balt. St.

G. G. Lusk M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8695 — *Office of Registrar of Vital Statistics.* — Ward 7

HEALTH DEPARTMENT OCT 4 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* October 2, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Patra

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 363 N. Ann St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* a few hours.

All the above information should be furnished by the Physician.

*Place of Burial,* R. C. Cathedral Cem.

*Date of Burial,* Oct 4 / 85

*Undertaker,* Frank Enoch & Co

*Place of Business,* 249 N Durham *Address,* 363 N Broadway

W W White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 86956 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 4 1885 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 2 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Goodman

*Sex, Male or Female,* {Cross out the word not required in this line.} Femal

*Age,* 05 *Years,* —— *Months,* —— *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {~~Cross out the word not~~ required in this line.} ✓

*Occupation* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and Number.} 68 Harrison St

*Cause of Death,* First (Primary), Laryngitis

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

the above information should be furnished by the Physician.

*Place of Burial,* Balt. M. E. Bl[illegible]

*Date of Burial,*

*Undertaker* J. Behrens

*Place of Business,* 101 E. Lombard St *Address,*

A. Rudolf *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within -eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this sheet.

# Health Department, City of Baltimore.

Permit No. 86957 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 4 1885 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schmidt

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 14 *Days*

*Color,* White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 993 Pratt

*Cause of Death,* First (Primary), Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* Several days I saw it was only a few hours before death.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* October 5. 1885

*Undertaker,* Jno. P. Poulson

*Place of Business,* 66 Frederick Av. *Address,* 52 Gazette Ct.

J. G. Littlejohn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certific

# Health Department, City of Baltimore.

Permit No. 8695 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Lee

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* — *Days*

*Color,* Col

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 71 Welcome Alley

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount St Cemetery

*Date of Burial,* Oct 4/85

*Undertaker,* H. Rose

*Place of Business,* 95 Conway St

James A Kinsley M. D.

~~Medical Attendant~~

*Address,* Conway St E

**Extract from Regulations of the Board of Health, to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo. E Brown
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 86959 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2 - 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Lena Gallandt

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 45 *Years,* 6 *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

*Duration of Residence in the City of Baltimore,* 14 Yrs

*Place of Death,* { Give street and Number. } 183 N. Charles St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), 4

*Duration of Last Sickness,* 3 Yrs.

the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* October 5th 1885

*Undertaker* H. W. Jenkins

*Place of Business,* Park Saratoga *Address,* 108 Park

F. Donaldson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8696 *Office of Registrar of Vital Statistics,* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours after*~~ the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 3 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wm May

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* *9 Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 163 E. Lombard St.

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery

*Duration of Last Sickness,* 6 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* Oct 5th 85

*Undertaker,* H C Dinkins

*Place of Business,* Park & Saratoga

J D Gue M. D.
Medical Attendant.

*Address,* 137 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this certificate.

# Board of Health, City of Baltimore,

Permit No. 86961

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

9 Oct

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1895 BALTIMORE MD

*Date of Death,* Oct 3. 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Kenly

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* 6 *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore md

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number.} 6 n Sarratoga st

*Cause of Death,* First, (Primary.) Chronic Diarrhoea

Second, (Immediate.) ———

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* October 5th

*Undertaker,* H. W. Jenkins Son

*Place of Business,* Park Ave *Address,* 119 n Charles st

Helen Atkinson M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86962 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... OCT 6 18... BALTIMO...

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel B Hinds

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto -

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Monument & Gay St.

*Cause of Death,*
First (Primary), ~~Local~~ peritonitis ill ileum causing perforation of bowel, obstruction of bowel and fibrical anus
Second (Immediate), asthenia

*Duration of Last Sickness,* six months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct 5, 1885

*Undertaker,* W. H. Buckman

*Place of Business,* 2 East Lex

Irving Miller M. D.
Medical Attendant.

*Address,* 179 E. Monument St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 86963 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 4th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grover Strohmeyer.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months.* 5 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} 5-5-½ N. Gay St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Convulsions.

*Duration of Last Sickness,* About 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Con.

*Date of Burial,* Oct. 5th 1885

*Undertaker,* Adam Fink.

*Place of Business,* 461 N. Gay St. *Address,* 24 N. Broadway

J. M. White M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86964 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Vocknodt

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number,} 328 Mosher St

*Cause of Death,* First (Primary),

Second (Immediate), Premature Birth

*Duration of Last Sickness,* Life Time

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 5 85

*Undertaker,* Adam Finke

*Place of Business,* 461 N. Gay St

James A. Faust M. D.

~~Medical Examiner~~

Asst Health Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown
Sanitary Inspector

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8695 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Magnus

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 11 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} # 17 Barnes st

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemt.

*Date of Burial,* Oktober 5th

E. B. Jenby M. D.
Medical Attendant.

*Undertaker,* Sprenkle & Oertel

*Place of Business,* 210 E. Balt st *Address,* 283 N. Eden st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86966 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1895 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward A. Grimes

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 13 *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — — —

*Occupation,* — — — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 13 mos. —

*Place of Death,* {Give Street and Number.} 96 Battery Ave. —

*Cause of Death,* First (Primary), .....

Second (Immediate), Marasmus. —

*Duration of Last Sickness,* Several months.

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Oct 5th 1895

*Undertaker,* Daniel Tilyou

*Place of Business,* 109 W. Lee St

Geo. A. Grimes M. D.
Medical Attendant.

*Address,* 226 Montgomery

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause te of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 86967

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Frederick
Parents

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 5 hours *Days.*

*Color,* Colored *Sex,* Female

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 5 hrs.

*Place of Death,* {Give street and number.} 20 Monument

*Cause of Death,* First (Primary,) ____
Second (Immediate,) Hemorrhage from cord

*Duration of Last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Oct 6th 1885

Herbert Harlan M. D.
Medical Attendant.

*Undertaker,* Alex Kemsley

*Place of Business,* 116 Orchard St *Address* 246 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86968 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Eisentrager

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* One *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} Belair Avenue

*Cause of Death,* First (Primary), Cholera Infant

Second (Immediate), Convulsions

*Duration of Last Sickness,* sick all summer

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 5 1885

*Undertaker,* John Herring

*Place of Business,* 382 Calvert

Francis A. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86969 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 5 1885 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Grace Gorsheart

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 1 *Months,* 3 *Days*

*Color,* White

*~~Married, Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Mass but

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 37 S. Carey st.

*Cause of Death,* First (Primary),

Second (Immediate), This is case of Premature birth 6½ mo.

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct-5th 1885

*Undertaker,* J. B. Cook

*Place of Business,* W. Balto St

A. L. Shine M. D.
Medical Attendant.

*Address,* 37 N. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86970 *Office of Registrar of Vital Statistics* Ward 15

HEALTH DEPARTMENT BALTIMORE OCT 5 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Cooley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 60 Hamburg St

*Cause of Death,* First (Primary),

Second (Immediate), Membranous Croup

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lettie

*Date of Burial,* Oct 6 1885

*Undertaker,* Cummings & Clay

*Place of Business,* 263 Light

Thomas Cooke M. D.
Medical Attendant.

*Address,* 46 Lemmon St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or, the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1 [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8697 / *Office of Registrar of Vital Statistics.* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD

8

## CERTIFICATE OF DEATH.

*Date of Death,* 8 Oct 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James O Cosper

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26. *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* Clerk

*Birth Place,* {State of country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give Street and Number.} 118 Hanover st

*Cause of Death,* First (Primary),

Second (Immediate), Apoplexy

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 5th 1885

*Undertaker,* Armstrong & Young

*Place of Business,*

Thomas Ellis M. D.
Medical Attendant.

*Address,* 146 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever [illegible]n shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coro[illegible] the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons [illegible]ntending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86972 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 4th of Oct 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Wagner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* 11 *Months,* 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* (Machinist) Gas fixtures Manufacturer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Hanover (Germany)

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give street and Number.} 38 East st

*Cause of Death,* First, (Primary,) Spasm of heart

Second, (Immediate,)

*Duration of Last Sickness,* a few hours

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cem

*Date of Burial* Oct 6th 1885

*Undertaker,* Wm Teckner

*Place of Business,* 65 S Eutaw st

D. W. Hellmann M. D.,
Medical Attendant.

Address, 120 East st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86973 *Office of Registrar of Vital Statistics* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. OCT 5 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bell Way

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 3 *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cuba

*Duration of Residence in the City of Baltimore,* 2 of 3 ✓

*Place of Death,* {Give Street and Number.} 191 Scott St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), ———

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Loudon Park~~ Baltimore Cem.

*Date of Burial,* Oct 5 1885

*Undertaker,* Wm Tickner

*Place of Business,* 65 S. Calvert St

Jno A Blake M. D.
Medical Attendant.

*Address,* 158 S Pearl St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1 8697

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8697 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lee Wolf

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* One *Years,* 6 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give Street and Number.} 191 Scott St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Oct 6/85

*Undertaker,* Wm Tuckner

*Place of Business,* 16 S. Eutaw St *Address,*

Wm D Blake M. D.
Medical Attendant.
191 Scott St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of ...

No. 8697

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 8697 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD.

C

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 4 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Craven

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 11 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 224 S. Ann St

*Cause of Death,*
First (Primary), Capillary Bronchitis
Second (Immediate), —

*Duration of Last Sickness,* One week

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* October 6th 1885

A. K. Tucker M. D.
Medical Attendant.

*Undertaker* Henry Saudenfor

*Place of Business,* 32 Eastern Ave *Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of

No. 0[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86976 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 25/ 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Moore

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* 10 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 23 Vincent Alley

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 2 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Oct 27th 1885

*Undertaker,* Thos P Burgee

*Place of Business,* 62 East St

H. H. Shiner M. D.
Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86977 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CHIEF CLERK'S OFFICE OCT 5 1885 BALTIMORE

D

## CERTIFICATE OF DEATH.

*Date of Death,* 3d Oct 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Margaret E Hanson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* — *Months.* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundle Co. Md

*Duration of Residence in the City of Baltimore,* 28 years.

*Place of Death,* {Give Street and Number.} 52 Courtland St.

*Cause of Death,* First (Primary), —

Second (Immediate), Hemiplegia (right side)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Londontack

*Date of Burial,* Oct 5/85

*Undertaker,*

*Place of Business,*

H. W. Owings *M. D.*
Medical Attendant.

*Address* 364 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 26978 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Skelton

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* 1 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 406 Druid Hill Ave

*Cause of Death,* First (Primary), Eczema

Second (Immediate), Stomatitis

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Oct 6th 1885

Thomas Shearer M. D.
Medical Attendant.

*Undertaker,* STEWART & MOWEN, UNDERTAKERS, 38 Park Ave.

*Place of Business,* STEWART & MOWEN, UNDERTAKERS, Address, No. 97 W. Chas St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86979 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Buchsbaum

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 9 *Months,* 7 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 Years

*Place of Death,* {Give Street and Number.} No 4 Central Market Space

*Cause of Death,* First (Primary), Paralysis of the Brain

Second (Immediate),

*Duration of Last Sickness,* 12 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Oct 6

*Undertaker,* M Dilger

*Place of Business,* 657 Bond

Eug Glover M. D.
Medical Attendant.

*Address,* 125 Augusta Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Keeper of Cemetery

No. 2...

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86980 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Mantel Williams

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 4 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 164 N. Central Avenue

*Cause of Death,* First (Primary), Fell and injured his Leg.

Second (Immediate), Uremia

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* October 6. 1885

*Undertaker,* Henry McGinnis.

*Place of Business,* 41 N. Central Ave

Francis A. Lauer M. D.
Medical Attendant.

*Address,* 105 W. Central Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Ce...

No. 86901

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86981 *Office of Registrar of Vital Statistics.* Ward 6th

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 4. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Horney

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 746 W. Mai L. St.

*Cause of Death,* First (Primary), Erysipelas

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Church Cemetery

*Date of Burial,* 5th of Oct 1885

*Undertaker,* Henry Colmans

*Place of Business,* 23 N. Eden St.

G. G. Lusk M. D.
Medical Attendant.

*Address,* Balto & Gail Sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in ...

No. 1 0 7 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 86982 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philander Morton

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 80 *Years,* 7 *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Merchant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Massachusetts

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* { Give street and Number. } 380 Druid Hill ad

*Cause of Death,* First, (Primary,) Senile decay

Second, (Immediate,) Heart failure

*Duration of Last Sickness,* several years - indefinite

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Oct 6th 1885

*Undertaker,* Wm Craven

*Place of Business,* 202 Pratt

Caleb Winslow M. D., Medical Attendant.

*Address,* 437 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86983 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED DEPARTMENT OCT 5 1885 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. Gray

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* ——— *Months.* 29 *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 11 Cambridge St

*Cause of Death,* First (Primary), ———

Second (Immediate), Cancer of the stomach.

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 6th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway *Address,* 95 East Av.

A. R. Erich M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries [illegible]

No. 0670

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86184 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 4

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. Murray

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 23 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 133 Chas st

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 6 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct-5/85

*Undertaker,* Wm S Fry

*Place of Business,* 77 W Broadway *Address,* [illegible]

[illegible] M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Keepers of Cemeteries ...

No. ...

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 86785 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Hashagan

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* ... *Months,* ... *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore.* 30 years

*Place of Death,* {Give Street and Number.} 413 Saratoga St

*Cause of Death,* First (Primary), ...

Second (Immediate), Brights disease with Heart disease

*Duration of Last Sickness,* about 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Hill Park Cemetery

*Date of Burial,* October 6th 1885

H Loutrel M. D.
Medical Attendant.

*Undertaker,* Geo Lenhart

*Place of Business,* 389 W Pratt *Address,* 2 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City to [illegible]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86986 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 6 1885, BALTIMORE, MD.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Oct 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Osborn

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* [illegible] *Years,* 11 *Months,* 15 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} [illegible]

*Occupation,* [illegible]

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City since birth

*Duration of Residence in the City of Baltimore.* Do. & Birthd

*Place of Death,* {Give Street and Number.} [illegible]

*Cause of Death,* First (Primary), Gastro Enteric Catarrh

Second (Immediate), Marasmus

*Duration of Last Sickness,* Three (3) mos

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Oct. 6th 1885

*Undertaker,* Adam Fink — Colored M. D.

Medical Attendant.

*Place of Business,* 461 N. Gay St. *Address,* [illegible]

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Keepers of Cemeteries in City of Baltimore

**The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.**

# Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 86987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Steinmeier

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 72 *Years,* 4 *Months,* — *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Shoemaker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number.} 109 Greenmount Ave

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) Inanition

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 5th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 60 Greenmount Ave

Chas. B. Ziegler M. D.
Medical Attendant.

*Address* 202 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 12

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86988 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 4. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pasdersky

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* ..... *Months,* ..... *Days*

*Color,* Wht

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore.* 3 yrs

*Place of Death,* {Give Street and Number.} N Chapel St.

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem.

*Date of Burial,* Oct 5/85

*Undertaker,* Frank Conrad Sc.

*Place of Business,* 249 N. Eutaw

J H Hollenberg M. D.
Medical Attendant.

*Address,* 344 E. Baltimore St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 16914

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 16989 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura J. Carter

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* 36 *Years,* — *Months,* — *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 19 years.

*Place of Death,* {Give Street and Number.} 176 Wilcomico Alley.

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Oct 5" 1885

*Undertaker,* H Ross

*Place of Business,* Conway St

James J. Chew M D
Medical Attendant

Comm'r of Health
*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Inspector

Keepers of Cemeteries in City of Baltimore will [illegible] Saturday of each week.

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 86990 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED OCT 5 1885 REGISTRAR BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sebastian Fisher

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 26 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 421 Alice Anna St

*Cause of Death,* First (Primary), Typho Malarial

Second (Immediate), Convulsions

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Evangelical Cem.

*Date of Burial,* Oct 5th 1885

*Undertaker,* H Sander & Son

*Place of Business,* 252 Canton Av *Address,* 243 Alice Anna St

John H Rehberger M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8699 / *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Bagwell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 4 *Months,* 4 *Days*

*Color,* W

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 337 W Lombard

*Cause of Death,* First (Primary), Phthisis & Rheumatism

Second (Immediate), asthenia

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 6th 85

*Undertaker,* Hufftons

*Place of Business,* Park & Saratoga *Address,*

F. E. Shatard *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86992 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Leonard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* ..... *Months.* ..... *Days*

*Color,* white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* Gentleman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} County Meath Ireland - 17 years in this country

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give Street and Number.} 155 E. Lanvale St

*Cause of Death,* First (Primary), .....

Second (Immediate), Old age.

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Banquo Friars

*Date of Burial,* October 6th

*Undertaker,* H. H. Jenkins Jr

*Place of Business,* Park Saratoga *Address,* 136 E. Townsend St

E. C. Gibbs M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86993 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4 /85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. Schoff

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* House wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give Street and Number.} 345 Franklin St.

*Cause of Death,* First (Primary), Organic Disease Heart

Second (Immediate), Dropsy

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 6th 1885

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave

J. H. Miller M. D.
Medical Attendant.

*Address,* 188 Franklin.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8699 — *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pasquale Pancucci

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single,~~ ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Musician

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy 22 years in America

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give Street and Number.} 139 S. Exeter St

*Cause of Death,* First (Primary), Bright's Disease of Kidneys

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent's

*Date of Burial,* Oct

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Fayette

Alan P. Smith M. D.
Medical Attendant.

*Address,* 45 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians [illegible]

# Health Department, City of Baltimore.

Permit No. 86995 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1885 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Walace

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days*

*Color,* Blk

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* {Give Street and Number.} 4 E Church St

*Cause of Death,* First (Primary), Duration & Senility

Second (Immediate), Apnea

*Duration of Last Sickness,* 6 mts

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 6 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 & 97 W. Pratt St *Address,* 313 Light St

R. H. Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully [illegible]

# Health Department, City of Baltimore.

Permit No. 86996 *Office of Registrar of Vital Statistics.* Ward 2?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 4th. October 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix Veitusthal

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime.

*Place of Death,* {Give Street and Number.} E. Wolfe but 245.

*Cause of Death,* {First (Primary), Pneumonia typhosa, Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cath

*Date of Burial,* October 5. 85

*Undertaker,* F Eyrich J. Co.

*Place of Business,* 215 E Monument *Address,* E. Wolfe but 112.

William Hunkel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

# Health Department, City of Baltimore.

Permit No. 82997 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

*Date of Death,* October 3 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann [illegible]

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* — *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St Mary's Co. Md.

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give Street and Number.} 90 William St

*Cause of Death,* First (Primary), Chronic Disease of

Second (Immediate), Heart

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Oct 6th 1885

*Undertaker,* Amos J Ellis

*Place of Business,* 263 Light *Address,* 121 W Lombard St

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 86998 *Office of Registrar of Vital Statistics.* Ward 10½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... OCT 6 18... BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 5'83.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. K. Henry Annie C.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* ... *Months,* ... *Days*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give Street and Number.} 183 Pearce st

*Cause of Death,* First (Primary), old age

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* Oct 6th 1885

*Undertaker,* A. Rosenberger

*Place of Business,* 70 Mulberry st

Dr. A. Jones M. D.

~~Medical Attendant~~ Coroner

*Address,* 326 Hollins st City

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Above.

# Health Department, City of Baltimore.

Permit No. 86999 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6 /85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malinda May Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 21 Months, Days

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United ~~States~~, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 13 Wagner's Court

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheritic Croup

*Duration of Last Sickness,* Four Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* Oct 5th /85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 37 Mr. Gardner

L. L. Shreve M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87000 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD DIVISION OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Freeze

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* ..... *Months,* ..... *Days*

*Color,* W.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Don't Know

*Place of Death,* {Give Street and Number.} Just, Little Sisters Poor

*Cause of Death,* First (Primary), .....

Second (Immediate), Ovarian Tumor

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peter Cemetery

*Date of Burial,* Oct 7th 1885

*Undertaker,* M. Wm. Bloodsworth

*Place of Business,* E. Lombard *Address,*

Jno Burke Boyle M.D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1001

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8700/ *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* 10-5-85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Chalmers

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 4 *Months,* ..... 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 194 N Mount St

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 7

*Undertaker,* J H Chalmers

*Place of Business,* 40 Nelson St *Address,* 76 Eutaw St

S Glenn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87002 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... OCT ... 18... BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 5 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Smith

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 92 *Years,* ..... *Months,* ..... *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} Colyts Court cor Boulden alley

*Cause of Death,* First (Primary), Gastritis and Enteritis

Second (Immediate),

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 7

*Undertaker,* J. Chalmers

*Place of Business,*

O. Fawcett M. D.
Medical Attendant.

*Address,* 92 Mosher St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth so far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 87003

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87003 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnson C Fox

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Sail Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} Not known City Hospital

*Cause of Death,* First (Primary), Anemia

Second (Immediate), Coma

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 6th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 66 S Broadway Address,

C. Van Hood M. D.
Medical Attendant.
City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria L. West

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* 46 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co. Md —

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give street and number} 165 N. Carey St.

*Cause of Death,* First, (Primary,) A. Dysentery.

Second, (Immediate,) Hemorrhage from the bowels

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 7th 1885 J. L. Kemp M. D.
Medical Attendant.

*Undertaker,* Ems & Mitchell

*Place of Business,* 580 W Fayette *Address,* 215 N. Carrollton av

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

{OVER}

No. 8700[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 87005. *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Bayley

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 1 *Years,* 2 *Months,* 25 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 23 Slemmer's alley

*Cause of Death,* First (Primary), Cholera infantum

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 7. 1885

*Undertaker* John Tate

*Place of Business,* 201 Balto St

P. L. Dansely M. D.
Medical Attendant.

*Address,* 325 E. Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 87006

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87006 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 5- 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. King

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* 5 *Months.* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give Street and Number.} 315 Park Avenue

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Somerset Co Md

*Date of Burial,* Oct 7 1885

*Undertaker,* John Lake

*Place of Business,* 201 Balto St

E. G. Waters M. D.
Medical Attendant.

*Address,* 216 McCulloh St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3895 Transcript

[OVER.]

No. 1707

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8707 — *Office of Registrar of Vital Statistics.* — Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Schulz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 194 Conway st

*Cause of Death,* First (Primary), Spasms

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 6th 1885

*Undertaker,* Ernst Schlamann

*Place of Business,* 181 Sharp St *Address,* 166 S. Paca st.

C. L. Baldwin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 87008

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87008 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... OCT 6 18...
BALTIMO...

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 5. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos J Lyons

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 51 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Plumber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 167 N Carlton

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Oct 7 1885

*Undertaker,* [illegible]

*Place of Business,* 244 E Fayette St *Address,* [illegible]

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87009 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Oulleam

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 188 Vincent Ave

*Cause of Death,* First (Primary), Spinal Meningitis

Second (Immediate),

*Duration of Last Sickness,* 2 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 6th 85

*Undertaker,* Jn. Cadogan

*Place of Business,* 22 Hamilton St *Address,* 219 Hollins ave

Geo. F. Bodley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 27010

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87010 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 6 1885

*Date of Death,* Oct 4, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beulah Rose

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 9 *Months,* 21 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 47 Paca St

*Cause of Death,* First (Primary),

Second (Immediate), Cerebral Congestion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St cemetery

*Date of Burial,* Oct 6th 1885

*Undertaker,* Thos R Dungan

*Place of Business,* 62 East St *Address,* 47 N Carey St

L L Shinn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 8701; *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 5th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella M. Seal

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 38 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Norfolk Va

*Duration of Residence in the City of Baltimore,* 14 yrs

*Place of Death,* { Give street and Number. } 171 McCulloh St

*Cause of Death,* First (Primary), Cancer of breast

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Norfolk Va

*Date of Burial,* Oct 8/85

Wm. S. Latimer M. D.
Medical Attendant.

*Undertaker*

*Place of Business,* *Address,* 371 Eutaw Place

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3896 Transit [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8702 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 5th 1885 = 7 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah W. Hunt

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 9 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth,} Balto

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 31 S Exeter St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Neuradynamia

*Duration of Last Sickness,* some days

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 7th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N Gay St *Address,* 88 S Balto St

A Travers Chester M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

18 11

Permit No. 87013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 4, 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno H. Johnson

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* Colo

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* { Give street and number. } 18 Stockton St.

*Cause of Death,* First, (Primary.) Malaria

Second, (Immediate.) Haemic Poisoning

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* Oct 6th 1885

*Undertaker,* Wm P Dunges

*Place of Business,* 62 East St.

R. L. Smith M.D.,

Medical Attendant.

*Address,* 106 Eutaw St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 87014

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87014 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Causey

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Co Md

*Duration of Residence in the City of Baltimore,* 6 mths.

*Place of Death,* {Give Street and Number.} 63 Cumberland St.

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park.

*Date of Burial,* October 6

*Undertaker,* Walter Emmel

*Place of Business,* 315 W. Biddle

T. Ruckert M. D.
Medical Attendant.

*Address,* 515 Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 87015

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

12
11

Permit No. 87015 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

63

## CERTIFICATE OF DEATH.

*Date of Death,* October 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Shorb

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* 11 *Months,* 19 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years.

*Place of Death,* {Give Street and Number.} 19 Walnut Alley.

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* October 8

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle St. *Address,* 315 Penn ave

H. Rickart M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87016 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jordan

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 45 Years, ____ Months. ____ Days

*Color,* Col.

*Married,* Single, ~~Widow or Widower.~~ {Cross out the words not required in this line.}

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 45 yrs.

*Place of Death,* {Give Street and Number.} No. 10 Jefferson St. Ct.

*Cause of Death,* First (Primary), ~~Natural~~ Aortic Aneurism

Second (Immediate), Cardiac Paralysis

*Duration of Last Sickness,* Instant death

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Laurel Cemetery~~

*Date of Burial,* Oct 6 1885

*Undertaker,* C. W. Russell

*Place of Business,* 46 East St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87017 *Office of Registrar of Vital Statistics.* Ward 3 W.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 5th "85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaine Hall

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* — *Months,* — *Days*

*Color,* Wht.

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* Cook

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 68 yrs.

*Place of Death,* {Give Street and Number.} No. 9 Salisbury Alley

*Cause of Death,* First (Primary), Valvular Disease of Heart

Second (Immediate), Cardiac Paralysis

*Duration of Last Sickness,* Instant death

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 7 - 1885

*Undertaker,* Wm W Madden

*Place of Business,* 46 East St

Alexander Hill M. D.
Medical Attendant.

*Address,* Corner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. {OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 10 of Directions on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 87018 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6th 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Denny Jr

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 10 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 198 Bethel

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 198 Bethel

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* 24 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 6 - 1888

*Undertaker,* Wm Wraddon

*Place of Business,* 46 East St

D V Mayer M. D.,
Medical Attendant.

*Address,* 192 Augusta

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 87019 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

Date of Death, John Mitchell (2)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} October 5. 1885 (1)

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 Years, — Months, — Days,

Color, ed

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Seaman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} ~~back~~ 75 S. Spring St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Weeks.

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemetery

Date of Burial, Oct 7 "1885

Undertaker Geo. Rinehart

Place of Business, Health Dept Address, Balt Univ: Medical School 232 & 235 E. Baltimore

Alfred Whitehead Mitchell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Ward 5 & 4

Permit No. 87020 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Butler

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, — Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Infant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 115 S. Bond St

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), apnoea

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Oct 7th 1885

*Undertaker,* Wm. Clarke & Sons

*Place of Business,* 92 S. Ann

Jno. S. Lynch M. D.
Medical Attendant.

*Address,* 1 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of L[illegible]ses on Back of this Certificate

# Board of Health, City of Baltimore,

## Office of Registrar of Vital Statistics. Ward 13th

Permit No. 8702

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 6 1885

# CERTIFICATE OF DEATH.

Date of Death, October 2 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alvartie Cole

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months, 4 Days,

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 5 - Nine St Baltimore

Duration of ~~Residence~~ in the City of Baltimore, 4 Months

Place of Death, {Give street and Number.} No 5 - Nine St

Cause of Death, First (Primary), Dysentery

Second (Immediate), 4 Days -

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Connelly

Date of Burial, Oct 6 1885

Undertaker C H Chase

Place of Business, 100 Howard St

H. H. Biedler M. D.
Medical Attendant.

Address, 94 Saratoga St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87022 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMOR

## CERTIFICATE OF DEATH.

*Date of Death,* 6 Oct 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L Mills

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 14 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 673 W Fayette

*Cause of Death,* ~~First (Primary)~~, Marasmus

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Oct 7th 1885

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N Fremont *Address,* 594 W [illegible]

..... *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87023 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Elizabeth Diehl

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 247 S. Ann St

*Cause of Death,* First (Primary), Internal Convulsions

Second (Immediate),

*Duration of Last Sickness,* One day.

All the above information should be furnished by the Physician.

*Place of Burial,* 1st German Cemetery

*Date of Burial,* Oct. 7th 1885

*Undertaker,* Wm Nicolaus

*Place of Business,* 255 Mill Alley

John H. Rehburg M. D.
Medical Attendant.

*Address,* 143 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8702 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE

*Date of Death,* October 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermon Thomas

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 35 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 84 Saratoga st

*Cause of Death,* First (Primary), Hemorrhage (Cerebral)

Second (Immediate), Paralysis of the Heart

*Duration of Last Sickness,* ~ 7 hours ~

All the above information should be furnished by the Physician.

*Place of Burial,* Green mount

*Date of Burial,* Thursday 8th

*Undertaker,* H W Tenkerstein

*Place of Business,* Park ave

Thomas B Evans M. D.
Medical Attendant.

*Address,* 99 Eutaw Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87025 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death ~~of said deceased~~, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 6. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry M. Wagner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 15 hrs *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore.* .....

*Place of Death,* {Give Street and Number.} # 15 Harlem Avenue

*Cause of Death,* First (Primary), .....

Second (Immediate), Cyanosis

*Duration of Last Sickness,* 15 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Oct. 7/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 N Fayette

Chas. W. Nesbit, M. D.
Medical Attendant.

*Address,* 306 N. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

11 C

*Permit No.* 87046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPART
OCT 7 188
BALTIMOR

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 5th. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Selvia Randall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Seventy nine *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* House Keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Frederick city - Md.

*Duration of Residence in the City of Baltimore,* Sixty - years

*Place of Death,* {Give street and number.} 85 Orchard St.

*Cause of Death,* First (Primary,) General debility -
Second (Immediate,) Hemiplegia

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St., Cem.

*Date of Burial,* Sept 6th. 85

*Undertaker,* Jno. L. Gray

*Place of Business,* 65 Mulberry St., *Address*

W. H. Thompson, M. D.
Medical Attendant.

41 Orchard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

for

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8702 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 7 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6th 1885.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Kurtz

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* — *Years,* 6 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } —

*Occupation,* —

*Birth Place,* { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

*Duration of Residence in the City of Baltimore.* Life

*Place of Death,* { Give Street and Number. } 3 N Bond St

*Cause of Death,* First (Primary), Inanation

Second (Immediate),

*Duration of Last Sickness,* several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* Oct. 8 1885

*Undertaker,* Michael Kurtz

*Place of Business,* 35 Bank St *Address,* 2 N Bond

D W Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87028 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... OCT 7 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Fulton

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* Years, 7 Months, Days

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore.* 7 mos

*Place of Death,* {Give Street and Number.} 516 Saratoga

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* Oct. 7/85

*Undertaker,* J. B. Cook

*Place of Business,* 40 & W. Balto Address, 416 N. Eutaw

L. L. Bittinger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87029 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 6th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Klausberg

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 2 *Months,* 2 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower.~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Colville, Ill.

*Duration of Residence in the City of Baltimore,* 18 years.

*Place of Death,* {Give Street and Number.} # 154 S. Dallas St.

*Cause of Death,* First (Primary), Typhoid-malarial Fever

Second (Immediate), Coma

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* October 8th 1885 John H. Rehberger M. D.

Medical Attendant.

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Av. *Address,* 243 Alice Anna St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87030 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE

*Date of Death,* Oct 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Oberender

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 22 *Years,* ..... *Months,* ..... *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Potter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md. Co.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 1 E. Eager Street

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

*Duration of Last Sickness,* About three Months

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical Lutheran

*Date of Burial,* October 9th 1885

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Av *Address,* 1 E. Eager St

Wm L Bierer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87031 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Klum 74

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Carter Weaver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 31 yrs in America

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* {Give Street and Number.} St Agnes Hospital

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 18 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathias Comty

*Date of Burial,* October 8. 85

*Undertaker,* H. Hofmeister

*Place of Business,* 63 N. Eden St *Address,* 58 N. Eden St

Chas. J. Lee M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87032 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE

*Date of Death,* Oct 7" 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginie

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 11 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 4 S Front St

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Cemetery

*Date of Burial,* Oct 8" 85

*Undertaker,* Wm. J. Schaeffer

*Place of Business,* S. Front St

James A. Stewart M.D.
Medical Attendant

Address, Dr. of Health Regulations

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Eh by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Jas V. Fitzpatrick Sanitary Inspector

KODAK SAFETY FILM

...Cause of Death, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87033 *Office of Registrar of Vital Statistics.* Ward 7c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE OCT 7 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Octo. 7th. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Child of William & Kate Fenn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* ... *Months,* Three ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 410 E. Preston — Balto. Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 410 E. Preston St.

*Cause of Death,* First (Primary), Lack of development owing to Premature birth

Second (Immediate), "Apnoea"

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 7/1885

*Undertaker,* Geo Schilling

*Place of Business,* Monument Square Address, 104 E. Lanvale Place

Wilmer Preston M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8703 — *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Walker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 8 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 59 Lancaster Street

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Paralysis of the heart

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's

*Date of Burial,* October 1885

*Undertaker,* H L Washburn

*Place of Business,* 244 E Fayette St

N. L. Dashiell Jr. M. D.
Medical Attendant.

*Address,* 207 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87035 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin J Govan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 24 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 617 West Pratt St.

*Cause of Death,* First (Primary), ———

Second (Immediate), Consumption

*Duration of Last Sickness,* Four years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Oct 8th 1885

*Undertaker,* J. B Cook.

*Place of Business,* 707 W Balto St

James A Steuart M.D.

Coroner's Physician

Medical Examiner

Coroner

Address, Comm'r of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E. Dunning = Inspector

# Health Department, City of Baltimore.

Permit No. 87036 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 7 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Rothkop

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* {Give Street and Number.} 22 St. Paul

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Paralysis of heart

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Prot. Bond Hebrew

*Date of Burial,* Oct 7th 1885

*Undertaker,* Charles F. Evans

*Place of Business,* Eager Valley

F. Gillmor M. D.
Medical Attendant.

*Address,* 1 St. Peter

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8703 7 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Horall Isaacs

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Four (4) *Years,* — *Months,* — *Days*

*Color,* Color

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 1 E Lombard Miller Alley

*Cause of Death,* First (Primary), Acute Congestion of Kidneys

Second (Immediate), Uremia

*Duration of Last Sickness,* Four (4) days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Oct 7

*Undertaker,* F. Enoch Co

*Place of Business,* 249 N. Durham *Address,* 1 E Lombard

S W Slocum M D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann M. Maughlin

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 69 *Years,* *Months,* 24 *Days.*

*Color,* Wh ~~Sex,~~

*Married, ~~Single, Widow or Widower;~~* { Cross out the words not required in this line. }

*Occupation,* Manufacturer

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Penn.

*Duration of Residence in the City of Baltimore,* 50 yrs.

*Place of Death,* { Give street and number. } 307 E Baltimore St.

*Cause of Death,* First (Primary,) Paralysis,

Second (Immediate,) Asthma

*Duration of Last Sickness,* Ten years

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Oct 8th 1885

E. S. Way M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell *Address* 194 Broadway

*Place of Business,* 65 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Form

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87039 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 7 1885 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E Crawford

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 26 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 296 Bank St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 9th 1885

*Undertaker,* Denny & Butcher

*Place of Business,* 66 S Broadway *Address,*

M. D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87040 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 7 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella McCambridge

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Scotland

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give Street and Number.} 146 N Charles St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Oct 8th 85

*Undertaker,* Daniel Flynn

*Place of Business,* 109 West St

[illegible] M. D.

Medical Attendant.

*Address,* 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8704 *Office of Registrar of Vital Statistics* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... OCT 7 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J. Bowead

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Reading Pa.

*Duration of Residence in the City of Baltimore,* "Off and on" 25 years

*Place of Death,* {Give Street and Number.} 199 Greenmount Ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Year.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Oct 8. 1885

*Undertaker,* Wm H Hickman

*Place of Business,* 234 N. Gay

Wilmer Smith M. D.
Medical Attendant.

*Address,* Cor Aisquith & Fremont Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87042 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 7, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ulrich Nitzel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* white

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Highlandtown Balto Co Md.

*Duration of Residence in the City of Baltimore,* Three months.

*Place of Death,* {Give Street and Number.} Belair Ave. N. Oliver Street

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Acute Meningitis

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Oct 9 1885

*Undertaker,* John Herwig.

*Place of Business,* 382 Orleans St *Address,* Belair Avenue

J F Mantech M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87043 *Office of Registrar of Vital Statistics.* Ward 6 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 7. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Spitznagle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} N.W. McElderry & East 86.

*Cause of Death,* First (Primary), Croup

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 8 & 1885

J. H. Collenberg M. D.
Medical Attendant

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St. *Address,* 344 E. Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 87047 — *Office of Registrar of Vital Statistics.* — 1774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT, OCT 8 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. L. Dyson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.* 1

*Color,* Colo

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number.} 6 Stockholm

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) 1 mo

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem

*Date of Burial,* Oct. 8th 85

*Undertaker,* Geo. Perkins

*Place of Business,* 221 Hanover *Address,* 106 Columbia Ave

H. C. Smith M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87045 Office of Registrar of Vital Statistics. Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 5/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florentina Binkoski

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days*

*Color,* white

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 yrs.

*Place of Death,* {Give Street and Number.} 25 Shakspeare ol;

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Heart disease

*Duration of Last Sickness,* 3 yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* Oct 8th 1885

*Undertaker,* Fred Gaede

*Place of Business,* 19 S. Caroline st *Address,* 50 & Broadway

R. W. Mansfield M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87046 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria L Person

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 63 *Years,* *Months,* *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 7th E Pratt St East

*Cause of Death,* First (Primary), Gastric Fever

Second (Immediate), Asthenia

*Duration of Last Sickness,* Five (5) Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 8 85

*Undertaker,* Wm S Fry

*Place of Business,* 81 b Broadway

Geo L Wilson M. D.
Medical Attendant.

*Address,* 44 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87047 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Penn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} married

*Occupation,* Furniture Dealer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Petersburg, Va.

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} 242 Eastern Ave

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), .....

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* Sep. 9 1885

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Bdwy.

D W Cathell M. D.
Medical Attendant.

*Address,* 2 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 87048. *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct - 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas S. Ford

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* 7 *Months,* 15 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation* Agent

*Birthplace,* {State or country, and how long in the United States, if of foreign birth} London England

*Duration of Residence in the City of Baltimore,* 41

*Place of Death,* {Give street and Number.} 124 Bank St

*Cause of Death,* First (Primary), Cancer of Stomach

Second (Immediate), Do Do

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* Oct 8/85

*Undertaker* M. A. Zaiser

*Place of Business,* 745 Broadway

James Bacon M. D.
Medical Attendant

*Address,* Arlington & Lafayette Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87049 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 7 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis L Sporwin (Louis L. Sporwin)

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 2 *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Entire

*Place of Death,* {Give Street and Number.} 40 Ramsay (#40 Thames St)

*Cause of Death,* First (Primary), Bilateral Pneumonia

Second (Immediate), Paralysis of Lungs

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Oct 8th 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 247 S Eutaw

Thibbe M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[Over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

## Office of Registrar of Vital Statistics.

Permit No. 87067 Ward 18th

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Hillgartner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 8 Years, — Months, — Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 120 Columbia Av.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Heart failure

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Luthern Cem. D.H.P.

*Date of Burial,* Oct 9/1885

*Undertaker,* P. J. Dee

*Place of Business,* 163 Columbia

*Medical Attendant.* De Lancey H Barclay M. D.

*Address,* 47 Cameron St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over.}

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8705 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1883 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 7th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Kane

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 16 *Months,* ..... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 14 Bradford alley

*Cause of Death,* First (Primary), Gastritis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Locust Point

*Date of Burial,* Oct 9th 1883

*Undertaker,* J Fowler

*Place of Business,* 1923 Eastern Av

[illegible] M. D.

Medical Attendant.

*Address,* [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87052 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 7 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard McSherry

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 68 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Lawyer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Berkeley Co. Va. 35 years in Balt.

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 189 N. Howard St. Private Residence

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Oct 9 1885

*Undertaker,* Holly Justice & Son

*Place of Business,* Park & Saratoga

Osborne Miller M. D. Medical Attendant.

Address, 211 N. Howard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87053. *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 8. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Gelhaar

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* 3 *Years,* 9 *Months,* *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 62 S [redacted] st Lombard

*Cause of Death,* First (Primary), Diphtheria croupous

Second (Immediate), Paralysis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Oct 9

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* [illegible]

J Hutton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87054 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 8 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Meeker

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months.* 4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore.* life time

*Place of Death,* {Give Street and Number.} 475 E. Monument.

*Cause of Death,* First (Primary), Catarrh

Second (Immediate), Croup

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* October 9th

*Undertaker,* M. Diffel

*Place of Business,* 161 E. Bond St. *Address,* 375 E. Baltimore

E. P. Bons *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87055 *Office of Registrar of Vital Statistics,* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mora Elizabeth Yourawich

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} ~~Edaucation~~ 2 E. Baker St

*Cause of Death,* First (Primary), Edaucation

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* October 9.

*Undertaker,* Walter Immel

*Place of Business,* 315 N. Bidden *Address,*

W. Rickert *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87057 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 8th. October. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabetha Heidel

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hemsberg, Steiningen, Germany

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give Street and Number.} Bankstreet 138.

*Cause of Death,* First (Primary), Gastritis chronica

Second (Immediate),

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews, cem

*Date of Burial,* October 10th 85

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Ave

William Henkel M. D.
Medical Attendant.

Address, L. Wolfe & 117

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8705 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE

74

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Miller

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 5 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bay View

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery + Child's Home

*Cause of Death,* First (Primary), Improper food

Second (Immediate), Wasting

*Duration of Last Sickness,* 3 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct-8

*Undertaker,* C. M. Blizzard

*Place of Business,* 207 Penn

N. F. Kathmer M. D.
Medical Attendant.

*Address,* 371 Eutaw Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8163 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

68

## CERTIFICATE OF DEATH.

*Date of Death,* October 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Meissner

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 66 *Years,* ..... *Months.* ..... *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ——————

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 52 Years

*Place of Death,* {Give Street and Number.} # 178 E Madison Street

*Cause of Death,* First (Primary), Paralysis —

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1½ Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 11th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Samil F. Powell M. D.
Medical Attendant.

*Address,* ~~#~~ 29 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8705 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Grant

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Co Md.

*Duration of Residence in the City of Baltimore,* Dont know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters

*Cause of Death,* First (Primary),

Second (Immediate), Infirmity 2 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cemetery

*Date of Burial,* Oct 9th 85

*Undertaker,* Wm Bloodsamp

*Place of Business,* E. Lombard St *Address,*

Thos Burke Boyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

**Permit No.** 87060 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Langfood

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation* Retired Cabinet Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore* 40 Years

*Place of Death,* {Give street and Number.} 84 Gough St

*Cause of Death,* First (Primary), Lateral Sclerosis

Second (Immediate), of Spine

*Duration of Last Sickness,* About 4 Years

All the above information should be furnished by the Physician.

*Place of Burial* Green Mount Cem.

*Date of Burial* Oct. 9th 1885. J W Allan M. D.

Medical Attendant.

*Undertaker* Chas H. Evans & Co

*Place of Business,* Eager & Valley *Address,* 85 W Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87061

HEALTH DEPARTMENT OCT 9 1885 BALTIMORE, MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Barabinoski

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* ... *Years,* 3 *Months,* ... *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} 26 N Madeira Alley

*Cause of Death,* First (Primary,) Inflamation of Brain

Second (Immediate,) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* N. A[illegible] John H. Bolton M. D.

Medical Attendant.

*Date of Burial,* Oct 9. 1885

*Undertaker,* Frank Koch & Co

*Place of Business,* 249 N. Durham St. Address 239 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 87062 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Landon

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} —

*Age,* 45 *Years,* — *Months,* — *Days,*

*Color,* ~~of~~ Col

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} "

*Occupation,* Washing

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of ~~Residence in the City of~~ Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 67 W Cullon St

*Cause of Death,* First, (Primary,) Rheumatism

Second, (Immediate,) Heart disease

*Duration of Last Sickness,* Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial* Oct 9th 1885

*Undertaker,* Alex Hewsley

*Place of Business,* 116 Orchard St *Address,* Druid Hill Ave & Hollins St

Edward A. Harris M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87063 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Amelia Keller

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 397 Madison st

*Cause of Death,* First (Primary),

Second (Immediate), Cancer of the stomach

*Duration of Last Sickness,* about 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount cem

*Date of Burial,* October 10 1885

*Undertaker,* H. C. Sanders & Son

*Place of Business,* 252 Eastern Ave *Address,* 137 Orleans st

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 87067 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH OCT 9 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 8 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magee

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Domestic

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and Number.} Union Protestant Infirmary

*Cause of Death,* First, (Primary,) Vesico Vaginal fistula

Second, (Immediate,) Genral Debility

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 9 Oct

*Undertaker,* J J Chalmers

*Place of Business,* 40 Wilkens

C. Fawcett M. D.,
Medical Attendant.

*Address,* 92 Hooker St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 87065 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* October 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Means

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

*Age,* Two *Years,* 2 *Months,* — *Days,* 7

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Tyson's Court

*Cause of Death,* First (Primary), Diphtheria Bronchitis

Second (Immediate).

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 9th 1885

*Undertaker* H. N. Bishop & Co

*Place of Business,* 97 Druid Hill Ave

C. McDodson M. D.
Medical Attendant.

*Address,* 192 Linden Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87066 *Office of Registrar of Vital Statistics.* Ward 6 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BURIAL DEPARTMENT OCT 5 1885 BALTIMORE MD

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} Patterson Pk Ave bet Jefferson &c

*Cause of Death,* First (Primary), Cholera Morbus

Second (Immediate),

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Oct. 10th 1885

*Undertaker,* M. Clark & Son

*Place of Business,* 92 S. Ann

Wm A. Hill M. D.
Medical Attendant.

*Address,* 1962 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87967 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 8th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Rusk

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 1 *Months,* 2 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 182 Cross St.

*Cause of Death,* First (Primary), Infantile

Second (Immediate), Convulsions

*Duration of Last Sickness,* unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem'y

*Date of Burial,* Oct 9

*Undertaker,* B. Hale

*Place of Business,* 82 West St

Dr Smith M. D.
Medical Attendant.

*Address,* 28 S. Charles

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87068 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Murphy

*Sex, Male or* ~~Female,~~ {Cross out the word not required in this line.}

*Age,* 7s Years, Months. Days

*Color,* White

*Married,* ~~Single, Widow~~ *or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give Street and Number.} Last Little Sisters of Poor

*Cause of Death,* First (Primary), Azu

Second (Immediate), Brights disease 3 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cem

*Date of Burial,* Oct 10 1885

*Undertaker,* P. F. Keegan

*Place of Business,* Address,

Th. Brooke Kyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 87069

## Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 7th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Annie Frank

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* Years, 1 Months. 2 1 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 549 E. Fayette st

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* About Four Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* October 9

*Undertaker,* N Diffel

*Place of Business,* 157 E Bond

I K McKnew M. D.
Medical Attendant.

*Address,* 582 N Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87070 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 7. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J. Hobbs

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 20 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cigar maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 146 Price St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Pulmonary apoplexy

*Duration of Last Sickness,* 16 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* October 10 1885

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw

Geo A Fleming M. D.
Medical Attendant.

Address, Franklin & Green

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8707 / *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1885 BALTIMORE MD

74

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 8/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— 2 *Months.* ——— *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Oct 9/85

*Undertaker,* Robert Robinson.

*Place of Business,* Division & Ironsides

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem ave & Calhoun.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87072 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 9/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Oct-9/85.

*Undertaker,* Robt Robinson.

*Place of Business,* Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Darley ave & Callow

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87073 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1885 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* October 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Sappington

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 1 *Years,* 10 *Months.* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 421 E. Eager St

*Cause of Death,* First (Primary), Whooping-Cough

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Chestertown Md.

*Date of Burial,* Oct 10. 1885.

*Undertaker,* E. E. Reiche

*Place of Business,* Chestertown Md *Address,* 234 N. B'way

G. F. Lang *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3897 Transit

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8707 — *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 9 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Robinson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* — *Months.* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

*Duration of Residence in the City of Baltimore,* 16 yrs.

*Place of Death,* {Give Street and Number.} 90 N Pierce

*Cause of Death,* First (Primary), Tumor

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 11th 1885

*Undertaker,* S. McLeonard & Son

*Place of Business,* 782 W. Baltimore

Chas. W. Fuller M. D.
Medical Attendant.

*Address,* 166 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87075 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9th 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Carr.

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 54 th *Years,* *Months.* *Days*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoe maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 100 Howard St - North

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Extravasation.

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Oct 11th 1885

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park Ave

W. P. Morgan M. D.
Medical Attendant.

Address, 119 N. Monument St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87076 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Francis Mills

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} # 53 Hackett ave Bet

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn cemetery

*Date of Burial,* October 11 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Con Way St *Address,* 92 Hackett

C. O. Booze *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8707 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 9 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 346 Montgomery St

*Cause of Death,* First (Primary), Spasm

Second (Immediate), Epilepsia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Oct 12 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Car Ways St *Address,*

C. S. Bonzo *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to those on Back of this Certificate.

# Health Department, City of Baltimore.

15
46

Ward

Permit No. 87078 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 9 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Gibson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} —

*Age,* Years, 3 Months, 26 Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt- City - Since birth -

*Duration of Residence in the City of Baltimore,* Since birth -

*Place of Death,* {Give Street and Number.} 262 Hamburg St

*Cause of Death,* First (Primary), Marasmus -

Second (Immediate), Convulsions -

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 10 1885

*Undertaker,* Henry Ruler Bros

*Place of Business,* 95 Cor Mary St

Snl Bell M. D.
Medical Attendant.

Coroner

Address, 161 S. Sharp St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87079 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R Kane

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 10 *Months,* 6 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 1252 Ramsay St

*Cause of Death,* First (Primary), Hipsthenia

Second (Immediate), "

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Oct 10th " 85

*Undertaker,* C.P. Krauserson

*Place of Business,* 209 Hanover. *Address,* 179 N. Howard

Thomas Ohie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physician is respectfully invited to the queries below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87080 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert E Gray

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 40 Sassafras St

*Cause of Death,* First (Primary), Triomus Neonatorum

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 30 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Oct 10 1885

*Undertaker,* J. B Cook

*Place of Business,* 707 W Balto St *Address,* 138 Columbia ave

Geo R Graham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87081 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Wendel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* 11 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Varnisher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 19 Years

*Place of Death,* {Give Street and Number.} 113 Eastern Ave

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 4 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Oct 11th 1885

*Undertaker,* Julius Koethe

*Place of Business,* Sharp & Eutaw *Address,* 416 Hanover St

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 87082 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the *Presentation* of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 8 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 8th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Randolph H. Saffell

*Sex, Male or Female,* { Cross out the word not required in this line. } male

*Age,* 24 *Years,* ..... *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } single

*Occupation,* Farmer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Birdsville, Carroll Co. Md.

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* { Give street and Number. } 244 Harford av.

*Cause of Death,* First, (Primary,) Enteric fever

Second, (Immediate,) .....

*Duration of Last Sickness,* 4 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Oct 11th 1885

*Undertaker,* Henry Streck

*Place of Business,* 389 W. Lexington

Pierre Geo. Dausch M. D., Medical Attendant.

Address, 325 E. Balto. st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 87083 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 10 1885 BALTIMORE

C

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 9 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edw. A. Graham

~~Sex~~ *Male or* ~~Female~~ {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months.* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.} Single

*Occupation* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Louisa Co. Virginia

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} The Asylum Pond St. Hospital

*Cause of Death,* First (Primary).

Second (Immediate). "

*Duration of Last Sickness,* Over a year

All the above information should be furnished by the Physician.

*Place of Burial,* Virginia

*Date of Burial,* Oct 11th 85

*Undertaker* H. W. Eastern Sons

*Place of Business,* Park & Saratoga Address, 100 Park St

F. N. Macdonald M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3898 Franklin [over.]

# Health Department, City of Baltimore.

Permit No. 87084 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Maraw

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* [illegible] *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 256 S. Broadway

*Cause of Death,* First (Primary), Membranous Croup

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* 10th

*Undertaker,* W. Dipple

*Place of Business,* S. Bond St.

Geo. B. Reynolds M. D.
Medical Attendant.

*Address,* 171 ½ Caroline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 87085 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* October 8 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Margaretta McKinnie

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 74 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } widow

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 210 W Biddle Street

*Cause of Death,* First (Primary) Cardiac Valvular disease 10 years

Second (Immediate). Angina Pectoris

*Duration of Last Sickness,* 20 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* October 11th 1885

*Undertaker* Wm Weaver

*Place of Business* No 202 N. Eutaw St. *Address,* 68 McCulloh St

Marbury Brewer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87086 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1885 3 55 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Carr

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* About 64 *Years,* — *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 5th Davis St.

*Cause of Death,* First (Primary), Heart Disease (Mitral & aortic insufficiency)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* Oct 12th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave *Address,* 47 Franklin St

David Van Bibber M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8708 *Office of Registrar of Vital* S. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* ~~hours after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 10 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Henry Gregory

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 112 Hanover St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 12 "

*Undertaker,* E. Earle

*Place of Business,* No 52 West St *Address,* 52 Warren ave

H B Noble M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87088 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia White

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Dur Life

*Place of Death,* {Give Street and Number.} 124 Fort ave

*Cause of Death,* First (Primary), Malarian Fever

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Carlton Hill

*Date of Burial,* Oct 10

*Undertaker,* B. Heath

*Place of Business,* 52 West

Geo Keech M. D.
Medical Attendant.

*Address,* 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87089 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1885 BALTIMOR

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Walker

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 28 Randall St.

*Cause of Death,* First (Primary),

Second (Immediate), Whooping-Cough

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* October 10

*Undertaker,* B. Hall

*Place of Business,* 82 West St

Robert S. Rowe M. D.
Medical Attendant.

*Address,* 333 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87090

*Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 10 1885
BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 8. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Kemmerzell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 6 Months. Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 511 McElderry St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Oct 11 th 1885

*Undertaker,* John Hennig

*Place of Business,* 282 Orleans St

J. H. Collenberg M. D.
Medical Attendant.

*Address,* 344 E. Balt. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87091 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 12 45 Pm

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Fortune

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 60 *Years,* *Months,* *Days*

*Color,* Black

*Married, ~~Single,~~ Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Chronic Bright's Disease

Second (Immediate), Failure of Heart

*Duration of Last Sickness,* Unk

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* Oct 10th 1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Depart *Address,* City Hospital

E Van Hook M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87092 *Office of Registrar of Vital Statistics,* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 10. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} None - Infant child of John L. & Phoebe Burke

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 36 hours — *Years,* — *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 7 Cambridge St

*Cause of Death,* First (Primary), Premature Birth (6th month)

Second (Immediate), asthenia

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* October 10 1885

*Undertaker,* H. C. Sauber & Son

*Place of Business,* 252 Canton Ave *Address,*

W. F. Lewis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over]

# Health Department, City of Baltimore.

Permit No. 8709 3 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT CITY OF BALTIMORE MD

# CERTIFICATE OF DEATH

*Date of Death,* Oct. 9 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Coulson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 2 *Years,* — *Months,* — *Days.* 5

*Color,* Wht.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Bar-keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give Street and Number.} Calvert St Station

*Cause of Death,* First (Primary), Shock + Hemorrhage caused by cuts

Second (Immediate), by being run over in Union Tunnel

*Duration of Last Sickness,* 10 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 11/85

*Undertaker,* Chas. L. Scriven

*Place of Business,* 27 N. Eutaw *Address,* Corner Cent. Disk

Alexander Hille, M. D.
Medical Attendant.

Co. Committed Apr. 22 1885 Died from Injuries Received while Coupling Cars

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

# Health Department, City of Baltimore.

Permit No. 8709 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 10th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Hortie

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give Street and Number.} 156 Raborg St.

*Cause of Death,* First (Primary), Congestion of bowels

Second (Immediate), Shoulder

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Oct 11th 1885

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St. *Address,* 279 W. Fayette St.

C. Homer Hoffman M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. OCT 10 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 8th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher J. Perry Sr.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Seventy five *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Dealer in Boxes &c.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} 75 Oxford St.

*Cause of Death,* First (Primary,) Anaemia

Second (Immediate,) Syncope

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Oct 11th 1885

W. H. Thompson, M. D.
Medical Attendant.

*Undertaker,* Alex. Hemsley

*Place of Business,* 116 Orchard St *Address* 41 Orchard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 87096 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Siddons

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.} "

*Age,* 32 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 16 Park Ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* 1 yr

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Oct 11th/85

*Undertaker,* W H Bishop

*Place of Business,* Druid Hill Ave *Address,* Cem Gate

Thos A Shuster M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H H Roberts Sani Insp

# Health Department, City of Baltimore.

Permit No. 8709 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Stanton

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 184 E Washington st

*Cause of Death,* First (Primary),

Second (Immediate), Croup

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Oct. 11th 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 211 E Baltimore

W. J. Wells M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87098 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 12 85 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 6th 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Cook

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 38 yrs.

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Pneumonia – Exhaustion

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemetery

*Date of Burial,* Oct 9 1885

*Undertaker,* Fred'k C Keerbury

*Place of Business,* 30 Holliday St *Address,*

R. B. Wagner M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87099 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 10 1885 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* 16th. October 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Kuefsner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During Lifetime

*Place of Death,* {Give Street and Number.} E. Bond Street 179

*Cause of Death,* First (Primary), Convulsions

Second (Immediate),

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore, Md

*Date of Burial,* October 11 1885

*Undertaker,* G. H. Sander & Son

*Place of Business,* 252 Eastern Ave *Address,* S. Wolfe & 117

William Kenel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87100 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Stoll,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* 11 *Months,* 15 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cigar Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Massachusetts

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give Street and Number.} 358 Hamburg st

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Uremia

*Duration of Last Sickness,* 8 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laudenpark Cem

*Date of Burial,* Oct. 12th 1885

*Undertaker,* Julius Kochler

*Place of Business,* Sharp & Cross *Address,* 76 Stake st

I H Surrey M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87101 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED BALTIMORE, MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Carlin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* 23 years

*Place of Death,* {Give Street and Number.} 116 Burgundy St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem Catholic

*Date of Burial,* October 11th

*Undertaker,* Wm J. Fickner

*Place of Business,* 65 S. Eutaw *Address,* 120 N. Greene St

F. B. Gardner *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8710 4 — *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 10 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Pickering

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

*Duration of Residence in the City of Baltimore,* Forty years

*Place of Death,* {Give Street and Number.} 98 N. Ann St.

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* Eighteen months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 11th 1885

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

Nicholas T. Dashiell M. D.
Medical Attendant.

*Address,* 207 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87103 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1885 BALTIMOR

## CERTIFICATE OF DEATH.

*Date of Death,* October 10. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Mitchell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, 20 Days

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 2 Augusta St. E

*Cause of Death,* First (Primary),

Second (Immediate), Mal Nutrition. ere & Teeth,

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Oct 11th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 46 N. Gay St. *Address,* 75 E Balto St.

S. W. Hanck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

FILM

# Health Department, City of Baltimore.

Permit No. 87104 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 9 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tina J Boult

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 15 Mulberry St

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 11 October

*Undertaker,* W Weaver

*Place of Business,* 202 N Eutaw

H Sutton M. D.
Medical Attendant.

*Address,* 7 S Fremont

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY FI

87105

87105

Katherine Gosewisch

female married

oct 9th 1885

27 years 2 months.

born Baltimore

Place of death

87 N Schroder sts.

Cause of Death, Tuberculosis pulmonum & Laryngis.

II Asthenia.

Duration 1 Year.

Returned MD

Under the Care of Dr. Goodens & Son. 258 Madison Ave

59 N Schroder.

Buried at Loudon Park.

Sunday Octo. 11. -

HEALTH DEPARTMENT
OCT 10 1885
BALTIMORE

# Board of Health, City of Baltimore.

**Permit No.** 87106 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1885 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 8th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Violet Ann Emory

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* *Months,* *Days,* 5

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Cambridge, Md.

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and Number.} # 203 Bank St.

*Cause of Death,* First (Primary), Intussusception (Mes Caecal)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct. 11th 1885

*Undertaker* Saml R. Shaw

*Place of Business,* 198 S. Howard St.

John S. Fuck. M. D.
Medical Attendant.

*Address,* Asylum Ave & Bernard

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 8707 *Office of Registrar of Vital Statistics.* Ward 14 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 10 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Dorah Doyle

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 64 *Years,* — *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ Widower

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} 80 S. Cambelton Ave

*Cause of Death,* First (Primary), Gastric & Intestinal

Second (Immediate), Catarrh

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physicians.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Oct 12th 85

*Undertaker,* H Eadgar

*Place of Business,* 207 Mulberry

Edw F. Nicholson M.D.
Medical Attendant

Address 283 W Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87108 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 10 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Bluegen

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 113 S Howard Street

*Cause of Death,* First (Primary), Chronic Ulceration of Leg

Second (Immediate), Pyaemia

*Duration of Last Sickness,* 5 hrs Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Oct 11th 1885

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Gay Street *Address,* 108 N Gay St

O Hall Rudd M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87109 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa W Hilbert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 68 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 48 Years

*Place of Death,* {Give Street and Number.} Cor Poluxent & Elliott

*Cause of Death,* First (Primary), Epithelioma

Second (Immediate),

*Duration of Last Sickness,* Had the disease for 1 3/4 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Oct 11th 1885

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Caroline

E Smiley M.D.
Medical Attendant.

*Address,* 513 Caldwell St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87110 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ann Haase

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 1 Barth St. N. of Jefferson

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 weeks, Has been sickly all her life

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 12th 1885

*Undertaker,* John Hennig

*Place of Business,* —

E. P. Bons *M. D.*
Medical Attendant.

*Address,* 375 E. Balto. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8711 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

*Date of Death,* Oct 9 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orha W. Taylor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City 11 months

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 3 Aliceanna

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Apnoea

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Furnish Branch

*Date of Burial,* Oct 11 1886

*Undertaker,* Hercules Ross

*Place of Business,* 95 Lon Wayne *Address,* 213 Eighth

Chas Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8712 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 10 /85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dodson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Driver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 19 yrs

*~~Place of Death~~,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Fract Skull

Second (Immediate), Compression from Blood on Brain

*Duration of Last Sickness,* 10 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 12 1885

*Undertaker,* Herculean Ross

*Place of Business,* 95 Con Wash St *Address,* City Hospital

Frank O Bressler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8713 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Barnschlegal

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 43 yrs.

*Place of Death,* {Give Street and Number.} 22 Brass.

*Cause of Death,* First (Primary),

Second (Immediate), Softening of Brain.

*Duration of Last Sickness,* about 2 yrs.

All the above Information should be furnished by the Physician.

*Place of Burial,* K Alyton

*Date of Burial,* October 12

*Undertaker,* B. Hartle

*Place of Business,* 82 West St *Address,* 1592 Eastern Av

R. J. H. Tall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87114 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 10 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace McTier Hamilton

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 82 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} W

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*~~Duration of Residence in the City of Baltimore~~,* Lifetime

*Place of Death,* {Give Street and Number.} 15 Milton st

*Cause of Death,* First (Primary), Decay of Nature 10 yr

Second (Immediate), Old Age

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct 12th 1885

*Undertaker,* H. W. Jenkins & Sons

*Place of Business,* Park & Saratoga *Address,* 73 Franklin

H. Sutton M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87115 *Office of Registrar of Vital Statistics.* Ward 24.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT. 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kostowky

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~Occupation~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} #198 S. Bethel St.

*Cause of Death,* First (Primary); Internal Convulsions

Second (Immediate);

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St Athonius Cmitry

*Date of Burial,* October 12. 85

*Undertaker,* E. Cook & Co

*Place of Business,* 215 S. Bond St. *Address,* 743 Aliceanna St.

John H. Rehburg M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 87116 *Office of Registrar of Vital Statistics.* Ward 8"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* .... 9 *Months,* ..... *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} ~~7 Orchard St~~ 1 Hudson Alley

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Gastro-Enteritis

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Mar[illegible] st Cemetery

*Date of Burial,* Oct 12th 1885

*Undertaker,* Chas W. Chase

*Place of Business,* 198 S. Hanover St

H & L Cantuman M. D., Medical Attendant.

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8717 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry N. Bradburn

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 148 Fulton Av

*Cause of Death,* First (Primary),

Second (Immediate), Tetanus Nascentium

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Oct. 12/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 188 Franklin

J. Miller, *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Health Department, City of Baltimore.

Permit No. 8711 8 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11" 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz" Sullivan

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

*Age,* ..... *Years,* ..... *Months,* 1 1/4 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 63. Columbia Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Sarcoma

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross. Cem.

*Date of Burial,* Oct. 12" 1885

*Undertaker,* Geo" Zembach

*Place of Business,* .....

James A Clarke M. D.

Comm'r of Health & Registrar

*Address,* .....

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John F Duding Inspector

[over.]

# Health Department, City of Baltimore.

Permit No. 8719 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct. 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bayard Gordon Bender

*Sex, Male or Female,* {Cross out the word not required in this line.} a

*Age,* *Years,* *Months.* 2 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} S.E. Cor. Hollins St & Arlington Ave

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate),

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 13th 1885

*Undertaker,* S. M. Leonard & Son

*Place of Business,* 782 W Baltimore *Address,* 308 N Carrollton Ave

John Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 87129 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Octo 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Davenport

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 11 Months, Days,

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 11 months

*Place of Death,* {Give street and Number.} 10 S. Bond St. City

*Cause of Death,* First (Primary),

Second (Immediate), Cholera Infantum

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Octo 12th 1885

*Undertaker* [illegible]

*Place of Business,* [illegible] *Address,* 152½ N. Eutaw St.

D. Ginging, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8712 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 10/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin L Pacy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 20 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 159 Eastern ave

*Cause of Death,* First (Primary), Gastro-Intestinal Catarrh

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* October 12th 1885

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

R. M. Mansfield M. D.
Medical Attendant.

*Address,* 52 S Broadway

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8742 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Ephraim Lamb Jr & Sarah

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, Months. 1 hour Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 401 Druid Hill Avenue

*Cause of Death,* First (Primary),

Second (Immediate), Premature birth (7 Months)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemt

*Date of Burial,* Oct 12th 85

Chas E Isaac M. D.
Medical Attendant.

*Undertaker,* J E Marshall & Co

*Place of Business,* Address, 565 Druid Hill Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87123 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 18 BALTIMORE

*Date of Death,* Oct 11/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nickolas Fingard

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 76 *Years,* — *Months,* 5 *Days*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {~~Cross out the words not~~ required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 240 Pratt

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Glaucoma

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 13th/85

*Undertaker,* J E Monaghan

*Place of Business,* *Address,* 198 Pratt

J T Adams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87124 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 12 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Taylor

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 5-0 *Years,* ..... *Months.* ..... *Days*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cigar Manufacturer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 335 E. Biddle St.

*Cause of Death,* First (Primary), Chronic Interstitial Nephritis

Second (Immediate), Paralysis

*Duration of Last Sickness,* 6 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Oct 12/85

*Undertaker,* Wm S Fry

*Place of Business,* 7 N Broadway *Address,* 238 N Broadway

Wm. E. Russell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87125 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Oct 10. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Clara Oliver

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 421 Vincent Alley

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate), .....

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 12 1885

*Undertaker,* Morgan & Pyle

*Place of Business,* 9 Mulberry *Address,* 319 Hollins

Grace Bailey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87126 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* October 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Somers

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* ~~Months.~~ ~~Days~~

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Galt Ont.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} Phthisis Pulmonalis No 41 Park St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* ~ 9 Months ~

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* October 12, 85 Thos B. Evans M. D.

Medical Attendant.

*Undertaker,* H. Sanders & Son

*Place of Business,* 252 Canton Ave Address, 22 Jackson Place

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8747 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Oct 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Downer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Driver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 32 S. Caroline

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* Oct 12th 1885

*Undertaker,* James P Byrne

*Place of Business,* No 63 S Front St

Geo I Reynolds M. D.
Medical Attendant.

*Address,* 711 N Eden St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87128 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert. Lauer

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.} M

*Age,* 17 *Years,* 7 *Months,* ..... *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since born

*Place of Death,* {Give Street and Number.} Maryland Hospital

*Cause of Death,* First (Primary), Wound of right leg

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* Abt 5 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Oct 13th 1885

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

Thos A Bell M. D.
~~Medical Attendant~~
Coroner

*Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87129 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, unless requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella F. Albrite

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 41 *Years,* 2 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 7 Mc Elderry St.

*Cause of Death,* First (Primary), Ovarian Tumor + Peritonitis

Second (Immediate), Uremia

*Duration of Last Sickness,* 14 years

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 12th

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Square

Geo. L. Mitchell M. D.
Medical Attendant.

*Address,* 7 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 87130 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Oct 11 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Worrell

*Sex,* Male ~~or Female.~~ {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* Sep *Days.*

*Color,* White

~~Married~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 248 N Durham St

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 248 N. Durham St

*Cause of Death,* First (Primary), Trismus Nascentium

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cir

*Date of Burial,* Oct 12/85

*Undertaker* Frank Coach & Co

*Place of Business,* 249 N Durham St

J. B. Schwatka M. D.
Medical Attendant.

*Address,* Cor Berry & Barre Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87131 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

*Date of Death,* Oct 11/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Evans

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 3 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 26 N Madeira Ally

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphansus Ch

*Date of Burial,* Oct. 12. /85

*Undertaker,* Frank. Coach & Co

*Place of Business,* 249 N Durham

J. H. Collenberg M. D.
Medical Attendant.

*Address,* 344 E. Balt St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87132 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* 10 October 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Wilhelm Gilbert Kraemer

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 11 *Years,* 5 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} Columbia Av. 71

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), Dropsy

*Duration of Last Sickness,* 8 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 13 October

*Undertaker,* Frederick Gote

*Place of Business,* 181 Hanover St. *Address,* 211 N Howard Street

L E Reinhard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to the Penalties on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87133 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE, MD.

*Date of Death,* Oct 11th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Swager

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 10 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No. 150 E. Pratt St.

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* Oct 12th 1885

*Undertaker,* Chas. Rossing

*Place of Business,* 196 E Balt St.

J. Shatek M. D.
Medical Attendant.

*Address,* 414 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87134 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE MD

## CERTIFICATE OF DEATH

*Date of Death,* Oct 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest E Hurley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 7 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 73 Winchester

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis (Tuberculous)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Oct. 12/85

*Undertaker,* J. B. Cook

*Place of Business,* 407 W. Balto St.

Thomas Bartlett M. D.
Medical Attendant.

*Address,* 46 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87135 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE MD

## CERTIFICATE OF DEATH

*Date of Death,* October 11 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C. McDowell.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 6 *Months,* 9 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 73 N. Arlington av.

*Cause of Death,* First (Primary), Rheumatic Fever

Second (Immediate), Pyaemia

*Duration of Last Sickness,* 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cy

*Date of Burial,* Oct. 12/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balt St *Address,* 37 N. Carrollton av

J. W. C. Cuddy. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87136 *Office of Registrar of Vital Statistics.* Ward 16?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, OCT 12 1885 BALTIMORE, MD.

*Date of Death,* Oct. 11-85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Grant

*Sex,* Male or ~~Female~~, {Cross out the word not required in this line.}

*Age,* 48 *Years,* ..... *Months,* ..... *Days*

*Color,* Dark

*Married,* ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* Fireman

~~*Birth Place,*~~ {State or country, and how long in the United States, if of foreign birth.} England, in U. S. 32 Years

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give Street and Number.} 301 Hamburg st.

*Cause of Death,* First (Primary), Inflammation & Sloughing of Penis

Second (Immediate), Pyaemia

*Duration of Last Sickness,* 3 w & 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mark's St Cemetery

*Date of Burial,* Oct 13 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 East Pratt St

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 359 Barre st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over.}

# Health Department, City of Baltimore.

Permit No. 87137 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 9/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Alexander

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* ..... *Months.* ..... *Days*

*Color,* Black –

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer –

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia –

*Duration of Residence in the City of Baltimore,* ~

*Place of Death,* {Give Street and Number.} 11 Grindall's Ct.

*Cause of Death,* First (Primary), Consumption –

Second (Immediate), Dysentery

*Duration of Last Sickness,* About 8 Months –

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Octob 12 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Com Way St *Address,* Southern Dispensary

Julius Hall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87138 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 12 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Pigtow

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* *Months,* *Days*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 94 Read st.

*Cause of Death,* First (Primary), Diphtheritis

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Monday Oct 12

*Undertaker,* Jos. Sanders & Son

*Place of Business,* 59 [redacted] St

J. H. Wiblin M. D.
Medical Attendant.

*Address,* 94 Read st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87139 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy Claude Hamilton

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* 6 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life residence

*Place of Death,* {Give Street and Number.} N.W. Cor. Gilmor St. & Edmondson Ave.

*Cause of Death,* First (Primary), —

Second (Immediate), Cerebro-Spinal Meningitis.

*Duration of Last Sickness,* Seventeen (17) days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct 13/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 330 W. Lexington

Louis W. Knight M. D.
Medical Attendant.

*Address,* 112 N. Greene St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87140 *Office of Registrar of Vital Statistics.* Ward 14

HEALTH DEPARTMENT OCT 12 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* 11 Oct 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Showers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 8 *Months.* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 36 N. Stockton Alley

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. cemetery

*Date of Burial,* Oct 12 1885

*Undertaker,* Wm. M. Dungee

*Place of Business,* 62 East St *Address,* 640 W. Lombard St

H. A. Goodman *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 87141 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Curran

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* C

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 20 Albemarle St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Oct 13th 1885

*Undertaker,* Edelin & Cox

*Place of Business,* Bank St

Geo A Gundry M. D.
Medical Attendant.

*Address,* 71 E Lanvale

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87142 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Barnes

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days*

*Color,* Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Sewing

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 3 Vincent Alley

*Cause of Death,* First (Primary), Rheumatism

Second (Immediate), Heart Disease

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Ave

*Date of Burial,* Sept 13 1885

*Undertaker,* William Lange

*Place of Business,* 62 East St

H. M. Latham M. D.
Medical Attendant.

*Address,* Maternity Dyspensary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87143 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 10th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dale

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Retired Sergeant U. S. Army

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Tyrone County, Ireland

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* {Give Street and Number.} 11 Clement or St Paul

*Cause of Death,* First (Primary), Inflm. Malaria Fever

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Maleen Cemetery Fort McHenry

*Date of Burial,* Oct 12th/85

*Undertaker,* W. A. Skeen

*Place of Business,* 74 S. Broadway

C. A. Leuke M. D.
Medical Attendant.

*Address,* 110 Fort ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8714 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 12 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Louisa Shields~~ (mother)

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ ~~Months.~~ 3 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* Infant

*Place of Death,* {Give Street and Number.} 878 N Stricker

*Cause of Death,* First (Primary), Pulmonum Atelectasis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 12th 1885

*Undertaker,* John J Andrews

*Place of Business,* No 446 Druid Hill Ave

G Whitmus M. D.
Medical Attendant

*Address,* 193 Stricker

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 87145

*Office of Registrar of Vital Statistics.* 14

The Physician who attended any person in n last illness is responsible, on the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
OCT 12 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 10 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Staum

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* 7 *Months,* 20 *Days.*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Switzerland

*Duration of Residence in the City of Baltimore,* Fifty five years

*Place of Death,* {Give street and number.} N 636 W Lombard St

*Cause of Death,* First, (Primary.) Genral Senvous prostation

Second, (Immediate.) Diarhea

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Oct 13th 1885

*Undertaker,* F. Lewis Schaub

*Place of Business,* 19 Fremont St

James Armitage M.D.,
Medical Attendant.

*Address,* N 14 A Paca St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87146 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 12 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Clair Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 10 *Months,* 5 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 326 Hollins

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), "

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct. 13/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette *Address,* 179 N. Howard

Thos Opie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87147 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Dachtleben

*~~Sex~~, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} widower

*Occupation,* Grocer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty years.

*Place of Death,* {Give Street and Number.} 238 Mulberry St

*Cause of Death,* First (Primary), Hypostatic Malarial

Second (Immediate), " Hemorrhage Bowels

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 14th 85

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Amberg St *Address,* 226 Mulberry St.

Louis Charles Horn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8718 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Boon

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 3 *Days*

*Color* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 26 S. Dallas St.

*Cause of Death,* First (Primary),

Second (Immediate) Inanition

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Oct 12/85

*Undertaker,* C. C. Madden

*Place of Business,* East St. *Address,* Lanvale & Pine

Louis F. Heuisler M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 87149 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1897 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

a

*Date of Death,* Oct 11 1897

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Blubaugh

*Sex,* Male ~~or Female~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death.* {Give street and Number.} 355 E. Eager

*Cause of Death,* First (Primary), Gastro-Enteritis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About a week

All the above information should be furnished by the Physician.

*Place of Burial,* St Mphonsus

*Date of Burial,* Oct 13

*Undertaker* J. Crouch Co

*Place of Business,* 249 N. Durham st

J. B. Schwatka M. D.
Medical Attendant.

*Address,* Cor Bway & Banner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

REGISTERED OCT 13 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 11, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Darkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Seventy five *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Cook

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Thirty two years

*Place of Death,* {Give street and number.} 16 St. Mary St.

*Cause of Death,* First (Primary,) —

Second (Immediate,) Heart Disease

*Duration of Last Sickness,* about one hour

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Clemens

*Date of Burial,* Oct 13 1885

*Undertaker,* C. W. Chase

*Place of Business,* 19 Howard St *Address*

W. B. Thompson, M. D.
Medical Attendant.

41 Orchard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 8751 *Office of Registrar of Vital Statistics* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 12 Walker St.

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery a

*Duration of Last Sickness,* Nine (9) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* Oct. 13/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 38 N. Exeter St

E. L. Lucas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8752 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT. 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 9th. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. Haley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 86 *Years,* — *Months,* 28 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Seaman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Salisbury, Md.

*Duration of Residence in the City of Baltimore.* 50 Years.

*Place of Death,* {Give Street and Number.} 191 S. Dallas St.

*Cause of Death,* First (Primary), —

Second (Immediate), Old Age.

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 13, 1885

*Undertaker,* John E. Grace.

*Place of Business,* 142 S. Caroline St.

N. L. Dashiell, Jr. M. D.
Medical Attendant.

*Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Made one visit an hour before death.

# Health Department, City of Baltimore.

Permit No. 87153 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Bohn

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* — — — — — — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany. —

*Duration of Residence in the City of Baltimore,* 3 yrs. —

*Place of Death,* {Give Street and Number.} 120 Fort Ave. —

*Cause of Death,* First (Primary), Stricture of Bowel

Second (Immediate), Exhaustion. —

*Duration of Last Sickness,* 3 or 4 Months. —

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Oct 13th 185

*Undertaker,* C F Kraus Son

*Place of Business,* 209 Hanover *Address,* 226 Montgomery.

Geo A Straus M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87152 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 14th Oct 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lee McGovern

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 13 *Months,* 23 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 100 Lee st

*Cause of Death,* First (Primary), Croup (Inflammatory)

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 13th 1885

*Undertaker,* C.F. Kraus & Son

*Place of Business,* 209 W Conway Address.

D. C. Webster M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87153 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11 1885 Caroline Wilson

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* ——— *Months.* ——— *Days*

*Color,* colored

*Married,* ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co

*Duration of Residence in the City of Baltimore,* 2 or 3 years

*Place of Death,* {Give Street and Number.} 242 Forb St

*Cause of Death,* First (Primary), Malarial fever

Second (Immediate), Softening of the Brain

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shanpolt Cemetery

*Date of Burial,* Oct 13 1885

A. H. Nelson M. D.
Medical Attendant.

*Undertaker,* Alexander Hemsley

*Place of Business,* 116 Orchard St *Address,* 282 Hill

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

**Permit No.** 87156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the preservation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* October 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Williamson Alias Beaun

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* About 40 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Balto City Jail

*Cause of Death,* First (Primary,) Intemperance

Second (Immediate,) Convulsions

*Duration of Last Sickness,* Six hours

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemty

*Date of Burial,* Oct 13th/85

S. P. Hoffman M. D.
Medical Attendant.

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office Address 279 West Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Health Department, City of Baltimore.

Permit No. 8717 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Doctor's Certificate.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Merriweather

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* 4 *Months,* 5 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Bar-Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Kentucky

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} M 36 N Wolf St.

*Cause of Death,* First (Primary), Typhoid Fever followed

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 6 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Founders Hill Cemetery

*Date of Burial,* Oct 13th 1885

*Undertaker,* John Lake

*Place of Business,* 201 Balto St

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 21,158 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 12 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Hamtt~~ John F. Schone

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 46 Yrs

*Place of Death,* {Give Street and Number.} 157 Montgomery St.

*Cause of Death,* First (Primary), Bronchitis & Obstruction of Lung

Second (Immediate), Asthma

*Duration of Last Sickness,* 2 Mts

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* October 15 1885

*Undertaker,* I & C Watchman

*Place of Business,* 244 E Fayette *Address,* 3132 E St

R M Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87159 *Office of Registrar of Vital Statistics.* Ward 8th

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

8

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Donovan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give Street and Number.} 7 Holbrook st.

*Cause of Death,* First (Primary), Dysentery

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 14th

*Undertaker,* H. C. Winfield

*Place of Business,* 60 Greenmount Ave *Address,* 283 N. Eden st

E. B. Henby, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87160 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Elizabeth Barton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 36 *Years,* 8 *Months,* 12 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 440 E Lombard St

*Cause of Death,* First (Primary), Multiple Neuritis

Second (Immediate),

*Duration of Last Sickness,* about two years

All the above information should be furnished by the Medical Attendant.

*Place of Burial,* ~~Bonnie Brae~~ Cemetery

*Date of Burial,* Oct 14/85

*Undertaker,* H. A. Saiger

*Place of Business,* 748 Broadway

R. W. Cathell M. D.
Medical Attendant.

*Address,* 21 Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87161 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E McGraw

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} 170 N. Grant

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Oct 15th 1885

Geo B Reynolds M. D.
Medical Attendant.

*Undertaker,* Henry W. Allars

*Place of Business,* #45 N. Gay St *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87162 — *Office of Registrar of Vital Statistics.* — Ward 5th

The Physician who attended any person in a last illness, is responsible for the prohibition of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Graf

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 77 *Years,* 5 *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* X X X

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give Street and Number.} 47 Forest

*Cause of Death,* First (Primary), Cerebral Apoplexy

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 14th

*Undertaker,* Geo Schilling

*Place of Business,* 1 Hanover

James E Innis M. D.
Medical Attendant.

*Address,* 299 E Fall St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87163 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE, MD.

8

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Colter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* 1 *Months,* 7 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Born here

*Place of Death,* {Give street and Number.} 118 Eutaw st

*Cause of Death,* First, (Primary,) Phthisis Pulmonum

Second, (Immediate,)

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 15th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland & Eutaw

Chas. H. Riley M. D.,
Medical Attendant.

*Address,* 206 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87164 Office of Registrar of Vital Statistics. Ward 17 9

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Coroner's Certificate.

HEALTH DEPARTMENT, OCT 13 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 12th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Antone Hammar

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 17 *Months,* 1 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Mother name Louisa Hammar

*Occupation* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 111 Corkscrew St

*Cause of Death,* First (Primary), Convulsions

Second (Immediate), Teething

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial* Pr Evangelical

*Date of Burial,* October 13th 85

*Undertaker* Sanders Son

*Place of Business,* 252 Canton Av *Address,* 90 Caroline

E. McSherry, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 87165 *Office of Registrar of Vital Statistics.* Ward 8 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mayer Ardisson (Maximin Ardisson)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Plumber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} France

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 39 Fair St

*Cause of Death,* First (Primary),

Second (Immediate), Heart Disease

*Duration of Last Sickness,* 4 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Oct 15th

*Undertaker,* Hemp Surgeon

*Place of Business,* [illegible] *Address,* 23 Hanover

[illegible] *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87166 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED OCT 13 1885

74

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 3 AM. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McArdle

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 38 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} America

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Bonny Brea

*Date of Burial,* Oct 14 = 1885

E Van Hood M. D.
Medical Attendant.

*Undertaker,* Henry Mc ginnis

*Place of Business,* No 8 Central *Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87167 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 11th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jacob Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 8 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give Street and Number.} 333 Canton Avenue

*Cause of Death,* First (Primary), Bilious Remittent Fever

Second (Immediate), Convulsions &c

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* 5th Reformed St. Paul's Cemetery.

*Date of Burial,* Oct. 13th 1885

*Undertaker,* J. H. Sieckmann

*Place of Business,* 258 Aliceanna. *Address,* 2 N Bond

D. M. Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87168 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after~~ the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 12th '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otelia Herbold

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 9 *Months,* 21 *Days*

*Color,*

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 261 Lee St.

*Cause of Death,* First (Primary),

Second (Immediate), Meningitis

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* October 15 1885

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw St *Address,* 359 Barre St

J. Tyler Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87169 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 13th Oct 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Keury

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Not Known

*Place of Death,* {Give street and Number.} Aged Women Home — Broadway Shemtown

*Cause of Death,* First, (Primary,) Bronchitis

Second, (Immediate,)

*Duration of Last Sickness,* 48 Hrs

All the above information should be furnished by the Physician.

*Place of Burial* Mt Olivet Cem

*Date of Burial,* Oct 14th 1885

*Undertaker,* Kell Emmert & Son

*Place of Business,* Park & Laurens

Geo Keyser M. D.,
Medical Attendant.

*Address,* 1 Wheeler Lane

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 8717 0 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Feisel

~~*Sex*~~, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 75 *Years,* ..... *Months,* ..... *Days*

*Color,* .....

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Fourty years

*Place of Death,* {Give Street and Number.} Hebrew Hospital

*Cause of Death,* First (Primary), Senility

Second (Immediate), Asthenia

*Duration of Last Sickness,* . . . . . .

All the above information should be furnished by the Physician.

*Place of Burial,* Troff Road #

*Date of Burial,* Oct 14 1885

*Undertaker,* Charles J Evans & Co

*Place of Business,* Eager & Valley Sts *Address,* Cor Eager & Caroline

S W Stone M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over.}

# Health Department, City of Baltimore.

Permit No. 87171 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... OCT. 13 1885 ... BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marian Seglaski

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give Street and Number.} # 320 Alice Anna St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ct Olivet Cem'y

*Date of Burial,* October 14 85

*Undertaker,* F. Crouch & Co

*Place of Business,* 415 S Dean St

John H. Kellogan M. D.
Medical Attendant.

*Address,* 243 Alice Anna St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87172 *Office of Registrar of Vital Statistics.* Ward 9 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

D

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 13 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant, Foundling

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months.* One *Days.*

*Color,* Col.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} Found in Gillingham Alley by Off.

*Cause of Death,* First (Primary), Exhaustion caused by a

Second (Immediate), prolonged labor.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto Cemetery

*Date of Burial,* Oct 14th 1885

*Undertaker,* Geo Rinehart

*Place of Business,* Health Office

Alex. Hill, M. D.
Medical Attendant.

*Address,* Coroner Cents Dist.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87173 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 85 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 13th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Spamberg

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 11 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 153 Burgundy st

*Cause of Death,* First (Primary), D

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* Oct 16 85

*Undertaker,* B. Hagle

*Place of Business,* 82 West ft

Geo. L. Buddenbaum M. D.
Medical Attendant.

*Address,* 166 S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87174 *Office of Registrar of Vital Statistics.* Ward 14½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fuller Park

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4½ *Years,* 4 *Months,* 15 *Days*

*Color,* Yr

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Unknown

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Nursery & Child's Home

*Cause of Death,* First (Primary), Mal-Nutrition

Second (Immediate), Wasting

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 14

*Undertaker,* Wm Ellwood

*Place of Business,* 201 E. ... *Address,*

Thos. S. Latimer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87176 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Agnes Stewart

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 9 W Lombard

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Oct 15th 85

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Address, 1912 Eutaw

Geo B Rogers M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

K SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 87176 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

B

*Date of Death,* Oct 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis F. Conner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 5 *Months.* 0 *Days*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} S

*Occupation,* Clerk

*~~Birth Place~~,* {State or country, and how long in the United States, if of foreign birth.} B. C

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 411 N Central Ave

*Cause of Death,* ~~First (Primary),~~ Tubercular pneumonitis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct 14. 1885

*Undertaker,* Wm H. Hickman

*Place of Business,* 2340 E. Gay St *Address,* 179 E. Monument

Emyl Miller M. D

Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK S

# Health Department, City of Baltimore.

Permit No. 87177 *Office of Registrar of Vital Statistics.* Ward 5-6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1885 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 mo. *Months,* ..... *Days*

*Color,* mulatto

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} single

*Occupation,* nil

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 37 East - 4 -

*Cause of Death,* First (Primary), natural death

Second (Immediate), convulsions

*Duration of Last Sickness,* 4 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslin

*Date of Burial,* Oct 15 1885

*Undertaker,* William Kemp

*Place of Business,* 162 East

D Smith M. D.
Medical Attendant.

*Address,* 1422 E

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 87178 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 12. 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Taylor.

*Sex,* ~~Male or~~ Female. {Cross out the word not required in this line.}

*Age,* 31 *Years,* — *Months,* — — — *Days.*

*Color,* Black.

*Married,* ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Easton, Md.

*Duration of Residence in the City of Baltimore,* 24 yrs.

*Place of Death,* {Give street and Number.} 289 Raborg St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate).

*Duration of Last Sickness,* One Year

the above information should be furnished by the Physician.

*Place of Burial,* Loud Cemetery

*Date of Burial,* Oct 14 1885

*Undertaker* William Lange

*Place of Business,* 62 Eden St

Geo C Shannon M. D.
Medical Attendant.

*Address,* 167 E Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health. City of Baltimore.

Permit No. 87179 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE

# CERTIFICATE OF DEATH.

B

*Date of Death,* Oct 13 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Jamey

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 40 *Years.* *Months.* *Days.*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

*Occupation* Washwoman

*Birthplace,* { State or country, and how long in the United States if of foreign birth } Maryland 26 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 7 Gelston Court

*Cause of Death,* First (Primary). Pleuritis, Chronic

Second (Immediate). Rupture of abscess into lungs

*Duration of Last Sickness* 3 month

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Oct 15 1885

*Undertaker* William Evans

*Place of Business,* 62 Eat

O Edw Janney M. D.
Medical Attendant.

*Address,* 58 North Green

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2: *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

over.

# Board of Health, City of Baltimore,

Permit No. 87180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT, OCT 14 1885 BALTIMORE MD.

9 2 88

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 12/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Myers

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 5 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 13 Hamilton St

*Cause of Death,* {First (Primary.) Bronchitis

{Second (Immediate.) 1 week

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Oct 15 1885

*Undertaker,* William N Longe

*Place of Business,* 62 East St

C. J. Kane M. D.

Medical Attendant.

*Address* 127 St Paul

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87181 *Office of Registrar of Vital Statistics.* Ward 11

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Rebecca Ruddack

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Woman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Mt Vernon Place

*Cause of Death,* First (Primary), Old Age

Second (Immediate), Feeble heart & Oedema of lungs

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem

*Date of Burial,* October 15th 1885

*Undertaker,* Mrs Weaver

*Place of Business,* 202 N Eutaw *Address,*

Chas O'Donovan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8718 2 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* October 14: 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar James Lauderman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 9 *Years,* 11 *Months,* *Days* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* x x x

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 131 Bank St.

*Cause of Death,* First (Primary), Diphtheritic Croup

Second (Immediate),

*Duration of Last Sickness,* Since Oct. 5

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 15 1885

*Undertaker,* N. F. Curran

*Place of Business,* 33 E. Monument *Address,*

James E. Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87183 *Office of Registrar of Vital Statistics.* Ward 15th

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Walter Beems

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 911 Church St.

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* 3 Mos

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Oct 14 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 E Mt Pleasant St *Address,* 1202 Eutaw St

Wm Ellis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87184 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 18 1888 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday Octo 16th 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Weddingfield

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 20 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} N.W. Cor. Sterling & Eager Sts.

*Cause of Death,* First (Primary), Injury to Brain from falling off a Stair & striking his head on the floor.

Second (Immediate), Concussion & Coma.

*Duration of Last Sickness,* 27 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Pr. Alleghenies Cy

*Date of Burial,* Oct 15th 1888

*Undertaker,* Henry Cook

*Place of Business,* 209 N. Central Av. *Address.* Same as Forest Place

Wilmer Smith M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

14th

*Permit No.* 87185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 13. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Ryan, Ryan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* W. *Sex,* M.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer,

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland, ✓

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} 43 S. Caroll St,

*Cause of Death,* First (Primary,) Pernicious Fever (contracted in W. Indies)

Second (Immediate,) Nephritis,

*Duration of Last Sickness,* Don't know — Was in attendance only 3 days + patient was comatose when first seen

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Ce

*Date of Burial,* Oct. 14/85

J. F. Ryle M. D.
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 701 E. Balto St. *Address* 241 Fawn St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Physician is respectfully invited to the forms below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87186

*Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 14 1885

## CERTIFICATE OF DEATH.

C

*Date of Death,* Oct. 12/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dawson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give Street and Number.} 158 Canton av.

*Cause of Death,* First (Primary), Inflammation of bowels

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Pk. Cem.

*Date of Burial,* Oct. 14. 1885

*Undertaker,* Hayden & Son

*Place of Business,* 257 Canton Av. *Address,* 50 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8718 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 12th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Müller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Sadler

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} + 245 Alice Anna St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls cem

*Date of Burial,* October 15th 1885

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton Av

John H. Kellberger M. D.
Medical Attendant.

*Address,* ~~924~~ 34 Alice Anna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87188 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH. D

*Date of Death,* Octo, 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schweikart

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* 8 *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Boxer Salvon

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Sixteen Years

*Place of Death,* {Give Street and Number.} Gay St = Extended, adjoining Schutzen Park

*Cause of Death,* First (Primary), Fistulas, Seminal Adynamia

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* Primary Doubly Three Years

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 15th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square Address, 88 E Baltic St

A Freyshortzer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87189 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 13 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Byer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give Street and Number.} 132 E Pratt St

*Cause of Death,* First (Primary), Intermittent Fever

Second (Immediate), Congestion Chill

*Duration of Last Sickness,* Five Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemetery

*Date of Burial,* Oct 14th/85

*Undertaker,* Geo Rinehart

*Place of Business,* Health Office *Address,* 69 Holliday St

E. Hall Rutter M. D.
~~Medical Attendant.~~
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87190 *Office of Registrar of Vital Statistics.* 35 Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. William Harris.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* 11 *Months,* 22 *Days*

*Color,* Black.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Barber

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} West Virginia

*Duration of Residence in the City of Baltimore,* 32 yrs

*Place of Death,* {Give Street and Number.} 86 Front alley

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem.

*Date of Burial,* Oct 14th 1885

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry *Address,* B. C. D.

J. Bruce Bayly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8721 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday Oct 12 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Young

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 12, *Years,* *Months,* *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} At the Oblate Sisters Forrest & Shaw sts

*Cause of Death,* First (Primary), Tubercular Meningitis

Second (Immediate), Coma, Exhaustion,

*Duration of Last Sickness,* 20 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Oct 14 1885

*Undertaker,* Morgan & Eye

*Place of Business,* 9 Mulberry st

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Shaw & Forrest Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87152 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 14 85
BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hagan

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* a few minutes ~~*Days*~~

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore V

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 134 Ryan Ave

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* 5 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Oct 14/85

*Undertaker,* Hugh Hagan

*Place of Business,* 134 Ryan Ave *Address,* Canton B & R

Thomas H Keating M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John E Brunner Inspector

# Health Department, City of Baltimore.

Permit No. 87193 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 13-85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dassie Jones

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* *Days*

*Color,* Black

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give Street and Number.} 301 Hanover St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Hall St cemetery

*Date of Burial,* Oct 15 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Can Pass *Address,* 309 Barre St

J. Blair Smith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87194 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, OCT 14 1886 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

74

*Date of Death,* Oct 14/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McCaffery

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 89 *Years,* ..... *Months.* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} With Carlin & the Son

*Cause of Death,* First (Primary), General debility

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* old Catholic Ground

*Date of Burial,* Oct 15/86

*Undertaker,* Wm Bloodsmith

*Place of Business,* E. Fombard St *Address,*

P. Williams M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87195 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 14 1885 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* October 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Weaver

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* 9 *Months,* *Days*

*Color,* White

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 16 yrs

*Place of Death,* {Give Street and Number.} 360 Mulberry Street

*Cause of Death,* First (Primary), Ramollissement of the Brain.

Second (Immediate), Paralysis

*Duration of Last Sickness,* Ten mo's

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Oct 15th 1885

*Undertaker,* Baltimore Cadmus

*Place of Business,* 227 N. Eutaw St

B. S. Titcomb. M. D.
Medical Attendant.

*Address,* 616 W. Baltimore Street.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87196 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said deceased~~, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 15 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eckels

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 1/24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No1 Winterling Court

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem'y

*Date of Burial,* Oct 15th 1885

*Undertaker,* Germanus Franee

*Place of Business,* S. Wolfe St *Address,* Canton

James A Steuart M. D.
~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Paul A Cleveland
Sanitary Inspector

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 8797 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 15 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Monday Oct. 14 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Castezio De Marco.

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 260 N. Paca St

*Cause of Death,* First (Primary), ~~Scald~~ of left arm

Second (Immediate), Collapse

*Duration of Last Sickness,* 24 hours

the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* October 15th

*Undertaker* Wm J. Tickner

*Place of Business,* 65 S. Eutaw *Address,* Cor. Pratt Ave & Smallwood

E. Sinclair M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...pecially attention to the questions as below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87198 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 14th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Harriet & Wm Steeves

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 15 Minutes ~~Days~~

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Gallo City, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 35 N. Fremont St.

*Cause of Death,* First (Primary), Stomach Colic, Col 5 & 6 Months

Second (Immediate) Died in 15 Minutes after Delivery

*Duration of Last Sickness,* Cause unknown.

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount Cy

*Date of Burial,* October 16th 85

*Undertaker,* Harrie Steeves

*Place of Business,* 35 N Fremont St. *Address,* 273 Lexington St

John L. Kemp M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87199

## Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 15 1885, BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 14/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Lang

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* —— *Months,* 8 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 150 S Fremont St

*Cause of Death,* First (Primary), ——

Second (Immediate), Brain Hemorrhage

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct. 16th 1885

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross, *Address,* 637 Pacca

Geo D Hake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87209 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 14th October 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helene Klitsch

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bonn, Prussia, Germany

*Duration of Residence in the City of Baltimore,* 4 years,

*Place of Death,* {Give Street and Number.} Boyerstreet No 11 Boyer St

*Cause of Death,* {First (Primary), Angina maligna

Second (Immediate),

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Luth. Redeemer Ch

*Date of Burial,* October 15 1885

*Undertaker,* Henry Hoeck

*Place of Business,* 309 N Central Ave *Address,* S. Wolfe & 117

William Henkel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ...ine can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ...e of death.

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87201 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 14 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kubon

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* about one year

*Place of Death,* {Give Street and Number.} 112 Hollingsworth St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage.

*Duration of Last Sickness,* about one year.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Francis

*Date of Burial,* Oct. 15/85

*Undertaker,* Frank Cook

*Place of Business,* 249 N Eutaw *Address,* 238 E. Monument St

Jno. N. Lemmon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87202 — *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Owens

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* ..... *Months,* ..... *Days*

*Color,* ed

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ——

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 43 Park Ave.

*Cause of Death,* First (Primary), Nephritis

Second (Immediate), Uraemic toxhaemia

*Duration of Last Sickness,* About 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct. 15th 1885

*Undertaker,* Wm. W. Maddern

*Place of Business,* 46 East 21st

Geo. L. Lay, M. D.
Medical Attendant.

*Address,* 76 Hampton St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87403. *Office of Registrar of Vital Statistics.* Ward 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 15 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha / John Gibson

*Sex, Male or Female,* {Cross out the word not required in this line.} Twins female Parents

*Age,* a few hours ~~Years~~, *Months,* *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 176 W. Biddle st

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 176 W. Biddle st

*Cause of Death,* First (Primary), Non viable - premature birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information to be furnished by the Physician.

*Place of Burial,* Mount Ver

*Date of Burial,* Oct 15th 1885

C. Winslow M. D.
Medical Attendant.

*Undertaker* Alex Kennedy

*Place of Business,* 116 Orchard *Address,* 20 W. Biddle st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 87204 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1885 BALTIMORE

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 14th/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Johnson Gibson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Twin } Parents

*Age,* ——— *Years,* ——— *Months,* a few hours ~~Days~~

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 176 W. Biddle St

*Cause of Death,* First (Primary), Spasm Viable — Premature Birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shad's St Cem't

*Date of Burial,* Oct 15th/85

*Undertaker,* Alex Hamm

*Place of Business,* 116 Orchard *Address,*

John F Hems M. D.
~~Medical Attendant~~ Caught & D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Copy

# Health Department, City of Baltimore.

Permit No. 87205

## Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 14 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 50 *Years,* — *Months,* — *Days*

*Color,* "Colored"

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Minister of the Gospel

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Three Weeks

*Place of Death,* {Give Street and Number.} 13 Chesnut St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* Six (6) months -

All the above information should be furnished by the Physician.

*Place of Burial,* Middle River Cem

*Date of Burial,* Oct 15th 1885

*Undertaker,* Alex Hendley

*Place of Business,* Holliday St

*Address,* 112 N. Green

Louis W. Knight M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3902 Fremont

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 16 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Baltimore. October 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest Albert Mills.

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 29 *Years,* × *Months,* × *Days.*

*Color,* White

~~*Married,* Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Clerk U.S. Post Office.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Washington. D.C.

*Duration of Residence in the City of Baltimore,* 4 Months.

*Place of Death,* {Give street and number.} 87 North Charles St.

*Cause of Death,* {First (Primary.) Pulmonary Phthisis. Second (Immediate.) Asthenia.

*Duration of Last Sickness,* 4 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Salisbury Md.

*Date of Burial,* Oct. 16th 1885

{*Undertaker,* H.W. Jenkins Sons

*Place of Business,* Park & Saratoga Sts

Samuel Johnston M.D.
Medical Attendant.

*Address* 80 W. Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3901 Tran [orig.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 15 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 14th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Fritats

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* four *Months,* ..... *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* { Give street and number. } 13 Cemetary Lane

*Cause of Death,* { First (Primary,) Cerebritis

Second (Immediate,) .....

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsius Cem. John H. Bolton M. D.

*Date of Burial,* Oct. 16th 1885 Medical Attendant.

*Undertaker,* Adam Fink *Address* 239 N Caroline St

*Place of Business,* 461 N. Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[9788

# Health Department, City of Baltimore.

Permit No. 87208 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertsker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 14. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew T. Clackner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 - *Years,* *Months,* *Days*

*Color,* White -

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 59 E. Fayette St

*Cause of Death,* First (Primary),

Second (Immediate), Consumption, 3 mos.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Oct 15th 1885

*Undertaker,* Jno. McCoy

*Place of Business,* 422 W Fayette St

J. W. Hook M. D.
Medical Attendant.

*Address,* 55 E Balt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 87209 *Office of Registrar of Vital Statistics.* Ward 9 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate properly filled out. If the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 13 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Bear Goodman

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 34 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation* none —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 68 Harrison St

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), Dropsy - Emaciation, Marasmus

*Duration of Last Sickness,* 10 weeks

the above information should be furnished by the Physician.

*Place of Burial* Loyed & H Cemetery

*Date of Burial,* October 15

*Undertaker* L Ahrens

*Place of Business* 28 High St *Address,*

A R Lucas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 87210 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Gluth

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years~~, 7 Months. 9 Days

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 11 Shakespear st

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Paulis Cemetery

*Date of Burial,* Oct 16th 1885

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave

Thomas B Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8721 *Office of Registrar of Vital Statistics.* Ward 13-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, CITY OF BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 13. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Nelson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* Col

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 52 Pine St

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem.

*Date of Burial,* Oct 15th 1885

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry Address, Franklin & Green

Geo. A. Fleming M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

Permit No. 8722 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT

# CERTIFICATE OF DEATH.

*Date of Death,* Baltimore Md. Wednesday Oct 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche M. Gale.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* Six *Months,* ——— *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give street and Number.} 61 Boyd St.

*Cause of Death,*
First (Primary), Acute Parenchymatous Nephritis
Second (Immediate), Asphyxia.

*Duration of Last Sickness,* About six days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Ararat Cemetary

*Date of Burial,* Oct 15

*Undertaker* John H. Owens

*Place of Business,* 172 Pearl St

L. L. L. Gorgas M. D.
Medical Attendant.

*Address,* 268½ W. Fayette St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No 87213 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 15th Oct 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Downey

~~*Sex*~~, *Male* ~~*or Female*~~, { Cross out the word not required in this line. }

*Age,* 40 *Years,* *Months,* *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation* Plumber

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give street and Number. } 688 Light St

*Cause of Death* { First (Primary), Malarial Poising

Second (Immediate), Exhaustion

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 16th

*Undertaker* B. Harle

*Place of Business,* 82 West St

A. M. Woods M. D.
Medical Attendant.

*Address,* 110 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 8724 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE

*Date of Death,* October 15 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanora Vaughey

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} W

*Occupation,*

*Birthplace,* {State or country; and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* one year

*Place of Death,* {Give street and Number.} Union Protestant Infirmary

*Cause of Death,* First, (Primary,) Genral Debility

Second, (Immediate,)

*Duration of Last Sickness,* one year and 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 16

*Undertaker,* J Ghalmers

*Place of Business,* 40 Wilkens Ave

L. Fawcett *M. D.,*
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 87215 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE

*Date of Death,* Oct 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Walter Mulbourne

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 0 *Months,* Fourteen *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 528 Hanover St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 16th 1885

*Undertaker,* Cunningham

*Place of Business,* 2027 Light

D. Lancy H. Bruchy M. D.
Medical Attendant.

*Address,* 33 Conway St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over

# Health Department, City of Baltimore.

Permit No. 87216 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 15 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 10 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 4 10

*Place of Death,* {Give Street and Number.} 20 York ave,

*Cause of Death,* First (Primary), Cerebral Congestion

Second (Immediate), Apnoea

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Oct 16th 1885

*Undertaker,* Chas Keplinger

*Place of Business,* 1637 Pa ave

A M Eccles M. D.
Medical Attendant.

*Address,* 913 Lydia ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8747 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 16 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Dickerson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 92 Paul St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asphyxia.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Oct 16th 1885

*Undertaker,* Jos H Loch

*Place of Business,* 1707 N Baltimore St

J G Whitelaine M. D.
Medical Attendant.

*Address,* Frederick Road

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87218 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roxanna Hartley

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* 0

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Accomac County, Va.

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give Street and Number.} 40 Pamiah St.

*Cause of Death,* First (Primary), ..... Consumption

Second (Immediate), .....

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Oct 16

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

Louis Chas Horn M. D.
Medical Attendant.

*Address,* 226 Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3903 Transit

# Health Department, City of Baltimore.

Permit No. 87219 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE

*Date of Death,* Oct. 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Dash

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 11 Months, Days

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 870 W. Pratt St.

*Cause of Death,* First (Primary), Inflammation of Bowels

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* October 16/85

H. W. Hebner M. D.

Medical Attendant.

*Undertaker,* John O Paulus

*Place of Business,* 66 Fund Ave. *Address,* 298 W. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87220 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 15/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. McIntire

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 6 *Months,* 12 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 162 Pacific St

*Cause of Death,* First (Primary),

Second (Immediate), Asthenia

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Oct 18th 1885

Jas D. Blake M. D.
Medical Attendant.

*Undertaker,* John S. Mackie

*Place of Business,* No 150 Saratoga *Address,* 150 E Pacific

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8722 / *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE

*Date of Death,* October 15th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Müller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 9 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 213 Cross st

*Cause of Death,* First (Primary), Burn by Scalding

Second (Immediate), Nervous Shock

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 17th Oct

*Undertaker,* Henry Smale

*Place of Business,* Henrietta 81

C. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 87222 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 16 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Johns

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No 30 Orchard St

*Cause of Death,* First (Primary). Congestion of the Brain

Second (Immediate).

*Duration of Last Sickness,* 4 weeks

the above information should be furnished by the Physician.

*Place of Burial,* Thorp St Cemetery

*Date of Burial,* Octo 16th 1885

*Undertaker* W. H. Bishop

*Place of Business,* 97 Druid Hill

John Hillen M. D.
Medical Attendant.

*Address,* 106 N Eutaw

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

# Health Department, City of Baltimore.

Permit No. 87223 *Office of Registrar of Vital Statistics.* Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 16 1885

*Date of Death,* Oct. 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Gilbert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 197 E. Dallas St

*Cause of Death,* First (Primary), Phthisis

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* 18 October 1885

*Undertaker,* John A Schuck

*Place of Business,* 265 Aliceanna *Address,* [illegible]

W. Hyde M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 87224 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 16 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Oct-15 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* Tow (2) *Years,* Eight (8) *Months,* *Days,*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 57 Liberty Road bet Lil & Stricker

*Cause of Death,* First (Primary), Struma

Second (Immediate), Pleuro-Pneumonia

*Duration of Last Sickness,* some months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* Oct 16th 1885

*Undertaker* Alex. Heusler

*Place of Business,* 116 Orchard St

Jno R Duncan M. D.
Medical Attendant.

*Address,* 1362 Pennsylvania Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87229 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

2

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE

*Date of Death,* Oct. 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta ~~Violetta~~ Fleming

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 9 *Months,* 18 *Days*

*Color,* White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 138 Ramsey, St.

*Cause of Death,* First (Primary),

Second (Immediate), Chronic Croup

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Oct. 16th 1885

*Undertaker,* Th. Oswald

*Place of Business,* 35 S. Eutaw

A. W. Weber M. D.
Medical Attendant.

*Address,* 298 W. Lombard St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and se and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87226 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1885 BALTIMORE

*Date of Death,* October 15th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Detoy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 44 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Terra-Cotta worker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 1 Yr

*Duration of Residence in the City of Baltimore,* Yr-years.

*Place of Death,* {Give Street and Number.} N. 131 S. Fremont Av.

*Cause of Death,* First (Primary), Phthisis pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 9 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Bond River Cemetery

*Date of Burial,* October 17 1885

*Undertaker,* Andrew Snell

*Place of Business,* 706 Columbia Av. *Address,* Eliminates Fremont Av

Wm. H. Tidyman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87227 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Bennett

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 2 *Months,* *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Operative in Fleming Mill

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 37 Pinkney Place

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), asthenia

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Oct 17/85

*Undertaker,* Chas. J. Semmes

*Place of Business,* 27 N. Eutaw

H. H. Grimes M. D.
Medical Attendant.

*Address,* 259 Maryland Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87228 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 15th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Fink

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* — — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 16 yrs. —

*Place of Death,* {Give Street and Number.} 333 Hamburg St

*Cause of Death,* First (Primary), Haemoptysis

Second (Immediate), Exhaustion —

*Duration of Last Sickness,* Several weeks —

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* October 18th 1885

*Undertaker,* Ernst Seltman

*Place of Business,* 181 Stiles *Address,* 228 Montgomery St

Leon Krauss, M. D.
Medical Attendant.

HEALTH DEPARTMENT OCT 16 1885 CITY OF BALTIMORE

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ume can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause te of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87229 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winifred Flannigan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... Years, ..... Months, 9 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 72 S Castle St

*Cause of Death,* { First (Primary), .....
Second (Immediate), Marasmus

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Oct 17th 1885

*Undertaker,* M Cooke

*Place of Business,* 92 S Ann *Address,* 248 Broadway

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87230 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 14. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Owens
Swann

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days*

*Color,* Colored.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St. Mary's Co. Md.

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give Street and Number.} 2157 Druid Lane

*Cause of Death,* First (Primary), Phthisis Pulmonalis
Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 16th 1885

*Undertaker,* Wm. H. Binns

*Place of Business,* 62 East St

G. G. Lusk M. D.
Medical Attendant.

*Address,* Balt. & Paca sts.

BOARD OF HEALTH BALTIMORE OCT 16 1885

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8723 / *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 16 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tilly Crow

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 93 *Years,* ..... *Months.* ..... *Days*

*Color,* colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give Street and Number.} 16 Marian al-

*Cause of Death,* First (Primary), Hemorrhoids

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 2 years

All the above information should be furnished by the Physician.

*Place of Burial* Laurel cemetery

*Date of Burial,* October 17 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Con Way St. *Address,* 326 Hoffman al City

W. O. Sun M. D.
Medical Attendant.
Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87232 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine T Barlage

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* 9 *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 43 years

*Place of Death,* {Give Street and Number.} 72 Fred'k Ave

*Cause of Death,* First (Primary), Disease of Heart

Second (Immediate),

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem.

*Date of Burial,* Oct 18th 85 James Bosley M. D.

Medical Attendant.

*Undertaker,* John P. Rubs

*Place of Business* 466 Frd. Ave *Address,* 319 Hollins St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87233 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 17 1885
BALTIMORE MD

*Date of Death,* October 16, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet L. Davis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* 24 *Days*

*~~Color~~,* White

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,* Accomac Co. Va.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* 62 Years

*Place of Death,* {Give Street and Number.} Cor Hoffman & Bolton Sts

*Cause of Death,* First (Primary), Debility

Second (Immediate), Catarrhal Bronchitis

*Duration of Last Sickness,* Eleven days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* October 18

*Undertaker,* Jacob Ahrens

*Place of Business,* 28 N High *Address,* 365 N Broadway

J. H. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8723 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1885 BALTIMORE

*Date of Death,* October 15th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Eldridge

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 35 *Years,* ——— *Months.* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Maryland.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give Street and Number.} 208 S. Bethel Street.

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), About one day —

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* 17th October

*Undertaker,* W. Diehl

*Place of Business,* 151 N. Bond St.

T. E. Dashiell, Jr. M. D.
Medical Attendant.

*Address,* 207 S. Broadway —

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87235 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 17th 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Schultz.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 11 *Months,* *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* {Give Street and Number.} City Hospital.

*Cause of Death,* First (Primary), Phthisis Pulmonalis,

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* 18 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park.

*Date of Burial,* Oct 19th

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna Ave Address 243 Lexington St.

John L. Frazier M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87236 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 17 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hohlbein,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 1 *Months,* *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married.

*Occupation,* Gardner.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give Street and Number.} 388 Penna Ave

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 Mth

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery.

*Date of Burial,* 18th Inst

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna Ave *Address,*

H. Ricketts *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87237 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace E. Morris

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Lebanon Illa -

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and Number.} 199 W. Hoffman

*Cause of Death,* First (Primary), Diabetis Mellitus

Second (Immediate), Coma

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cem

*Date of Burial,* Oct 19th 1885

Henry Chandlee M. D.
Medical Attendant.

*Undertaker* Mr Weaver

*Place of Business,* 202 N Eutaw *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 87238 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

a

*Date of Death,* Oct 16. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William B. Howard

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 69 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} single

*Occupation* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} Schroeder & George Sts

*Cause of Death,* First (Primary), Apoplexy 2d attack

Second (Immediate), Coma

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct. 18/85

*Undertaker* Denny & Mitchell

*Place of Business,* 530 W. Fayette

Mahlon Brewer M. D.
Medical Attendant.

*Address,* 68 McCulloh St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...spectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87239 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 17 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund K. Broad.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* 8 *Months,* *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* all but 1 year

*Place of Death,* {Give Street and Number.} 2 Russell St.

*Cause of Death,* First (Primary), Typhoid Malarial Fever,

Second (Immediate), Exhaustion,

*Duration of Last Sickness,* 2nd day.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct. 18/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W Fayette

John A. Kyle M. D.
Medical Attendant.

*Address,* 273 Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87240 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 17 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsy May Brickey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 11 *Months,* One *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cecil Co

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 28 S. Sharp Street

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Oct 18 1885

*Undertaker,* J. P. Cook

*Place of Business,* 717 W. Balto St

Jno D Blake M. D.
Medical Attendant.

*Address,* 15 S. Paca St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8241 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 15. 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Eliz. Dorsey

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4. *Years,* 8. *Months.* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

*Duration of Residence in the City of Baltimore,* 4 yrs.

*Place of Death,* {Give Street and Number.} 82 Wilhelm St.

*Cause of Death,* First (Primary), Typho-Pneumonia

Second (Immediate), Congestion of Lungs

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Oct 17th 1885

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Baltimore St

C. R. Wilson M. D.

Medical Attendant.

*Address,* 837 W. Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. OCT 17 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 16. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Billie Green

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* Blk *Sex,* F.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Work

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} P. P. Co. Md.

*Duration of Residence in the City of Baltimore,* About 10 years

*Place of Death,* {Give street and number.} 15 Clinton Ave,

*Cause of Death,* {First (Primary,) Malarial Fever,
Second (Immediate,) Congestive Chill,

*Duration of Last Sickness,* About 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Pantapent Md.

*Date of Burial,* Oct. 18th 1885

*Undertaker,* Saml W. Chase

*Place of Business,* 198 S. Howard St.

E. L. Gute M. D.
Medical Attendant.

*Address* 247 Lanvale St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

3905 Fremont

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87243 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 17 1885

*Date of Death,* October 16/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence G. Broseker.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 31 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 555 Saratoga St

*Cause of Death,* First (Primary),

Second (Immediate), Bright's Disease

*Duration of Last Sickness,* Two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 19/85

*Undertaker,* Jos B Cook

*Place of Business,* 707 W. Balto St *Address,* 112 N Green St.

Louis H Knight M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 87244 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16 th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guy A Poulton

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 161 Sterling St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 161 Sterling St

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 18 1885

*Undertaker,* Wm W Madden

*Place of Business,* 76 East [illegible] *Address,* 192 Aisquith st

Daniel V. Moyer M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87245 *Office of Registrar of Vital Statistics.* Ward 87

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1887

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Handley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Don't Know

*Place of Death,* {Give Street and Number.} Inst. Little Sisters Poor

*Cause of Death,* First (Primary), .....

Second (Immediate), Pneumonia

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's cem

*Date of Burial,* Oct 18

*Undertaker,* W. B. Latkamp

*Place of Business,* 213 E. Lombard st

Jno. Brooke Boyle M. D.
Medical Attendant.

*Address,* .....

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87246 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 17 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 15. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Steinwitz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* ..... *Months,* ..... *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Saloon keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {~~Give Street and~~ Number.} 326 N. Howard St

*Cause of Death,* First (Primary), Brights Disease of Kidneys

Second (Immediate), .....

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore city

*Date of Burial,* October 18th 1885

*Undertaker,* Geo Lauer & Son

*Place of Business,* 732 Gaston Ave *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 8724 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 14th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Ortmann

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Twenty two *Years,* — *Months,* *Days.*

*Color,* Brown Skin

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation* Domestic

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Duringlife

*Place of Death,* {Give street and Number.} No 78 N Gaiso n

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Nine Months

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Oct 17 1885

*Undertaker* J J Loukfs

*Place of Business,* 73 Jefferson

Whitefield Winsey M. D.
Medical Attendant.

*Address,* 158 Lanvale in

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 87248 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W Ricker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* — *Months,* — *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Boston Mass.

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Asthenia

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 20th 1885

*Undertaker,* John Sullacher

*Place of Business,* No 150 Lombard

C. W. Dutchell M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87249 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 17 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give Street and Number.} 226 Hanover St

*Cause of Death,* {First (Primary), Pthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cemetery

*Date of Burial,* Oct 18

*Undertaker,* John H Avery

*Place of Business,* 472 Pearl St *Address,* 104 Lombard St

Wm. A. Bell M. D.
Medical ~~Attendant~~

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87250 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 15th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Gains

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 17 Years 1 Months, 15 Days,

*Color,* Mulatto

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State of country, and how long in the United States, if of foreign birth. } La Ruis al. Balto Md

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* { Give street and Number. } 154 Sarah Ann St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis -

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* Two Months.

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters Cem.

*Date of Burial,* Oct 18th 1885

*Undertaker,* Wm J Gray

*Place of Business,* 65 —

D. K. Merrick M. D.,
Medical Attendant.

*Address,* 209 Aisquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87251

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Job Edwards

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Second Hand dealer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Five years

*Place of Death,* {Give street and number.} 428 N. Gay St.

*Cause of Death,* First (Primary,) Typhoid Malarial Fever

Second (Immediate,) Uraemia

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Methodist Cem Chas H. Bolton *M. D.*

Medical Attendant.

*Date of Burial,* Oct 20th 1885

*Undertaker,* Adam Fink & Son *Address* 237 N. Caroline St

*Place of Business,* 461 N. Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the [illegible] and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Health Department, City of Baltimore.

Permit No. 87252 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 16th October 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* 1 *Months,* 19 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 178. Foote St.

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Apoplexy and Rigidity of Muscles

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shark Cemetery

*Date of Burial,* Oct 18 1885

*Undertaker,* S Wehrle

*Place of Business,* 98 Howard St

L. D. Lyles M. D.
Medical Attendant.

*Address,* 146. Hill St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8253 *Office of Registrar of Vital Statistics.* Ward 2 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Street

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* 6 *Months,* 23 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Baker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 191 Caroline st (South)

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 17 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Oct. 18 th 1885

*Undertaker,* John Kenedy

*Place of Business,*

Thomas J. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87254 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 17 '83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Della Robinson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 21 *Months,* ..... *Days*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 54 Lemmon st

*Cause of Death,* First (Primary), Inflamation of Bowels

Second (Immediate), exhaustion

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 18th

*Undertaker,* John J Bowan

*Place of Business,* 89 Hollins st

D. E. Jones M. D.

Coroner

Medical Attendant.

Address, 326 Hollins st City.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8725 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 16/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk R. Gephardt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 195 D. Chaffee

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 2 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Oct 18th

*Undertaker,* Fred Gaede

*Place of Business,* 29 S. Eutaw St. Address, 528 Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87256 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Crangle

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Brick Manufacturer

*~~Birth Place~~,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 43 Clark St

*Cause of Death,* First (Primary), Disease of Heart

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery

*Date of Burial,* Oct 19

*Undertaker,* H B Cook

*Place of Business,* 707 W Baltimore

James Bailey M. D.
Medical Attendant.

*Address,* 219 Hollins St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8725 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 16/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Gruber

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 weeks ~~Days~~

*Color,* white

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Belair ave Balt, Md

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of ~~Death~~,* {Give Street and Number.} Belair Ave nr Federal St

*Cause of Death,* First (Primary), Artificial food.

Second (Immediate), Diarrhoea from Enteritis.

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery.

*Date of Burial,* Oct. 17. 1885

*Undertaker* H. Sauer Jr

*Place of Business,* 252 Canton

J. F. Martenet M. D.
Medical Attendant.

*Address,* Belair Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87258 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm George Kane

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 1 *Months,* 8 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 122 Ramsey St

*Cause of Death,* First (Primary), Nasal Catarrh

Second (Immediate), Pr 4

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Oct 19 1888

*Undertaker,* C F Krauss Son

*Place of Business,* 209 Hanover

Thos Opie M. D.
Medical Attendant.

*Address,* 179 W Howard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 8259 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H Keane.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, fourteen *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give street and Number.} 115 Selma Place.

*Cause of Death,* First, (Primary,) Membraneous Croup

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* October 18th 85

*Undertaker,* W. Cadogan

*Place of Business,* 224 Smithson

H. H. Wright M. D.,
Medical Attendant.

Address, 221 N. Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 8726 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Friedel

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} female

*Age,* 67 *Years,* ~~Months~~ ~~Days~~

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} widow

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany (18 yrs. in U. S.)

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give Street and Number.} 200 South M. E. Con. Chapel

*Cause of Death,* First (Primary), Entero Colitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* 18th of October

*Undertaker,* H. Wiget

*Place of Business,* 15 S. Bond St.

Henry Geo. Dausch M. D.
Medical Attendant.

*Address,* 325 E. Baltimore St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore. 7

Permit No. 87264 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella May Cantica

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} N 232 Chew St

*Cause of Death,* First (Primary), Gastritis

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct [redacted]

*Undertaker,* Geo Schilling

*Place of Business,* Isk and Lynn *Address,* 137 Colvin St

[illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 57262 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin F. Morris

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 56 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Plasterer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 171 Hudson St.

*Cause of Death,* First (Primary), Cancer of Stomach

Second (Immediate),

*Duration of Last Sickness,* Has been unwell for 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 19th 1885

E. Jellison M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 662 Broadway *Address,* 53 Edward St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8263

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8263 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Delaney

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* 1 hour ~~*Days*~~

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 27 Valley St.

*Cause of Death,* First (Primary), Deficiency of the Heart Valves

Second (Immediate), Cyanosis

*Duration of Last Sickness,* 1 hour

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross cut

*Date of Burial,* Oct 18th 1885

*Undertaker,* Charles F. Evans & Co

*Place of Business,* Eager & Valley *Address,*

Jno. Dirke Bay M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 87264

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87164 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Mary Olmar

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} S. E. Cor Paca & Lexington Sts

*Cause of Death,* First (Primary), Obstruction of the Bowels

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Bonsecours Cy

*Date of Burial,* Oct 19: 1885

*Undertaker,* Henry Hooks

*Place of Business,* Fog & Central Ave *Address,* 283 W. Lombard

Edw F. Michael M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 87260

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87265 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE, MD.

*Date of Death,* October 16th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Stelt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Milk business

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in ~~City of~~ Baltimore,* County 2

*Place of Death,* {Give Street and Number.} Spring Garden East of Broadway

*Cause of Death,* Suppose First (Primary), Accidental Drowning

Second (Immediate), "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis Md.

*Date of Burial,* Oct. 19th 1885

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

Dr. A. Bell M. D.

~~Medical Attendant.~~ Coroner 2d Dist.

*Address,* 160 E. Pleasant St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3906 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Octber 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Whitemore

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 90 *Years,* — *Months,* 4 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.} Widow

*Occupation,* Lady

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Orange, Essex Co. N. Jersey

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give street and number} 322 North Eutaw

*Cause of Death* { First, (Primary,) Senile Pneumonia
Second, (Immediate,) Apnoea

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Jersey

*Date of Burial,* 19 Oct 1885

*Undertaker,* W. H. Jenkins & Sons

*Place of Business,* Park & Saratoga

John Dickson M. D.
Medical Attendant.

*Address,* 261 Madison Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

3909 Russell

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87267 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

*Date of Death,* Oct. 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Thirsley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* 19 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md

*Duration of Residence in the City of Baltimore,* 48 Yrs

*Place of Death,* {Give Street and Number.} 79 N Dallas Ave

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Erysipelas & Gangrene Extremities

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Oct 19th 1885

*Undertaker,* F. Louis Schaefer

*Place of Business,* 709 N Fremont

John Neff M. D.
Medical Attendant.

*Address.* 206 N Dallas Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87268 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, OCT 19 1885, BALTIMORE

*Date of Death,* Oct 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Isabella Matthews

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Ten *Years,* eight *Months,* Twenty two *Days*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 63 Chestnut Alley

*Cause of Death,* First (Primary), Intermittent fever

Second (Immediate), Meyelitis

*Duration of Last Sickness,* 34 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Oct 18th 1885

*Undertaker,* Allen Kennedy

*Place of Business,* 166 Richards St *Address,* 262 Mead Ave

Elias L Price M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 87269 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* Oct 18, 85

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Albert Stark

*Sex, Male or ~~Female.~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 5 *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*~~Birthplace~~,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md -

*Duration of Residence in the City of Baltimore,* .....

*Place of Death.* {Give street and Number.} 168 Vine

*Cause of Death.* First (Primary), Convulsions

Second (Immediate), Coma

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Oct 18th 1885

*Undertaker* Alex Hunsley

*Place of Business,* 116 Orchard

Henry Lindlee M. D.
Medical Attendant.

*Address,* 181 Linden Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 87270

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87270 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

*Date of Death,* Oct 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Long

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* 1 *Months,* 16 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Iron Worker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 Years

*Place of Death,* {Give Street and Number.} W 24 Fountain St

*Cause of Death,* First (Primary), Bright Disease

Second (Immediate), Epilepsy

*Duration of Last Sickness,* 4 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Oct 20th 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* 108 Aisquith St

H Rustad M. D.
Medical Attendant. Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8727 / *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Postmeyer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 59 — *Years,* ~~Months.~~ ~~Days~~

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore.* 33 years

*Place of Death,* {Give Street and Number.} No 153 S. Wolf st

*Cause of Death,* First (~~Primary~~), Paralysis

Second (Immediate),

*Duration of Last Sickness,* — 4 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Oct 21st 85

*Undertaker,* G. Frank

*Place of Business,* Bank & Wolfe Sts

Thos B. Evans, M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 87272

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87272 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible], if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dunnfey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 63 *Years,* *Months,* *Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give Street and Number.} 1422 E Eastfield Ave

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Oct. 19th 85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts *Address,* [illegible]

J. [illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 87273 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE

*Date of Death,* Oct. 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Neuman.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 45 *Years,* *Months,* *Days,*

*Color,* White

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.} Widow

*Occupation,* Housewife.

*Birthplace,* {State on country, and now long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and Number.} 295 N. Central ave.

*Cause of Death,* First, (Primary,) Billious Intermittent Fever with jaundice

Second, (Immediate,) jaundice & Heart Failure,

*Duration of Last Sickness,* 19 ~~12~~ days,

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 20, 1885

*Undertaker,* Henry Koch

*Place of Business,* 389 N Central ave

H. R. Fetterhoff M. D.,
Medical Attendant.

*Address,* 227 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8724

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8724 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled Out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. Blanchard (Wm & Sarah parents)

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 90 N Eutaw St

*Cause of Death,* First (Primary), Premature Birth - Bad Fall

Second (Immediate), Convulsions

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Oct 20th 1885

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Hunt

Edward P Mitchell M. D.
Medical Attendant.

*Address,* 57 Lexington

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8725

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 8725 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct" 18" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Schanagel (Twin)

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~

*Age,* ~~Years,~~ ~~Months,~~ 15 Minutes ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

~~*Duration of Residence in the City of Baltimore,*~~ Life

*Place of Death,* {Give Street and Number.} 41 Garrett ave

*Cause of Death,* First (Primary),

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Schwartz Cem.

*Date of Burial,* Oct 19 - 1885

*Undertaker,* Jos" Schanagel

*Place of Business,* 41 Garrett ave

John A. Steuart M. D.

~~Medical Attendant~~ Comm'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dreaning Jr.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87276 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 19 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Mabel Gefford

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* *Years,* *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 744 Lexington St.

*Cause of Death,* First (Primary), Cyanosis

Second (Immediate),

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Congressional Cemetery Washington D C

*Date of Burial,* Oct 20

*Undertaker,* F B Cook

*Place of Business,* 707 W Baltimore

John Neff M. D.
Medical Attendant.

*Address,* 206 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3907 Harvest

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87277 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 19 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Layton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Telegrapher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* {Give Street and Number.} 231 Park Ave

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cem.

*Date of Burial,* October 20

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle St Address, 346 E. Baltimore St

C. B. Hoofman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 87278

*Office of Registrar of Vital Statistics.* 8 cr

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 19 1885
BALTIMORE, MD.

*Date of Death,* Oct 19th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bates

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Thirteen *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* Two years

*Place of Death,* {Give street and number.} 4 Maryland Ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Epilepsy

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Runtown Balto Co

*Date of Burial,* Oct. 20. 1885

*Undertaker,* Wm Madden

*Place of Business,* 41 Eastern

*M.D.,*

Medical Attendant A. M. Belt M.D.

*Address,* 128 Cathedral St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3908 Hanover

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87279 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 18/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* / *Months,* ____ *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ____

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St. Vincents Infant Asylum.

*Cause of Death,* First (Primary), Exanition

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Oct. 19/85

*Undertaker,* Robt Robinson

*Place of Business,* Division & Hanover

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Baker av, & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87280 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE, MD.

*Date of Death,* Oct. 19/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* 14 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* Oct. 19/85.

*Undertaker,* Robt Robinson.

*Place of Business,* Division & Fremont.

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. & Calhoun

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 5201

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87281 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE, MD.

*Date of Death,* Oct. 18th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisca Olesch

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 9 months

*Place of Death,* {Give Street and Number.} # 47 Lancaster St.

*Cause of Death,* First (Primary), Puerperal Fever

Second (Immediate), .....

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Oct 19

*Undertaker,* J. Crouch & Co

*Place of Business,* 249 N. Durham

John H. Rehberger M. D.
Medical Attendant.

*Address,* 143 Shee Anna St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87282 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 15th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Bartlett

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Watchman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 42 Randall St

*Cause of Death,* First (Primary),

Second (Immediate), Pthisis

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 20

*Undertaker,* B. Ward

*Place of Business,* 82 West

Theodore Cotta M. D.
Medical Attendant.

*Address,* 46 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 87283

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87283 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Bessie Infants George Besser

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 3 *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 11 Howard St

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Western Fresh Cem

*Date of Burial,* Oct 20th 1885

*Undertaker,* H. A Kerchner

*Place of Business,* Health Office

James A Steuart M. D.
Attending Physician
Comm of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Inspector

OAK SAFETY FILM

No. 2 / 2084

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87284 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE MD

## CERTIFICATE OF DEATH

*Date of Death,* Oct. 18. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}: Magdalena Reutter

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* 4 *Months,* *Days*

*Color,* white

*Married,* ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Twenty-five years

*Place of Death,* {Give Street and Number.} 2. Bond St. N. W. 16

*Cause of Death,* First (Primary), Syphilis

Second (Immediate), Perforation

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Oct 20 th 1885

*Undertaker,* John Kenney

*Place of Business,* 382 Columbus St *Address,* Balt. & Paca sts

G. G. Luck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 87285 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE, MD.

*Date of Death,* Oct 18th

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Andre

*Sex, Male or ~~Female.~~* { Cross out the word not required in this line. }

*Age,* 65 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation* Printer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,* For 23 Years

*Place of Death,* { Give street and Number. } 384 N. Washington

*Cause of Death,* First (Primary), Chronic Bronchitis (with Asthma)

Second (Immediate), Apnoea

*Duration of Last Sickness,* 5 days. (Pt. has been ill for 7 years)

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 20th 1885

*Undertaker* John Kenney

*Place of Business,* 382 Orleans St *Address,* 242 N. Bond

Thomas J. Simms M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87286 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 19 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 9 *Months,* 14 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* 1 yr. 9 mos. 14 days.

*Place of Death,* {Give Street and Number.} Rear of 178 Eutaw St

*Cause of Death,* First (Primary), Diarrhoea

Second (Immediate), marasmus

*Duration of Last Sickness,* 4 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 19

*Undertaker,* H Ross

*Place of Business,* 95 Lombard St

Wm P. Coburn M. D.
Medical Attendant.

*Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1220

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8728 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Anthur

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 39 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 179 Columbia ave

*Cause of Death,* First (Primary), Chronic malarial poisoning

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Cross

*Date of Burial,* Oct. 20 /85

*Undertaker,* Phelps Dill

*Place of Business,* 183 Columbia Address, 136 Columbia ave

Geo R Graham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87288 *Office of Registrar of Vital Statistics,* Ward 1st

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Rohde

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 15 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 85 S Chapel St.

*Cause of Death,* {First (Primary), Spasms

{Second (Immediate),

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* 1st St. Paul Cem

*Date of Burial,* Oct 19 1885

*Undertaker,* Henry Saunders Son

*Place of Business,* 252 Conton Ave *Address,* Canton P O

August Klenz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the city of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87289 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm James Brennen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* ..... *Months,* 20 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 2 Yrs.

*Place of Death,* {Give Street and Number.} 96 Columbia Ave.

*Cause of Death,* First (Primary), Scalded by

Second (Immediate), Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Oct 19 85

*Undertaker,* W. J. Tickner

*Place of Business,* 65 S. Eutaw *Address,* .....

Jno A. Hall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87290 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane R. Green

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* ..... *Months,* ..... *Days*

*Color* ad

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give Street and Number.} 3 S. Stockton Alley

*Cause of Death,* First (Primary), ——

Second (Immediate), Cancer of Vagina & Uterus

*Duration of Last Sickness,* One year & three months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* Oct 21st 1885

*Undertaker* W. H. Bishop

*Place of Business,* .....

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 n Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87291 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without the Proper Certificate.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Adam John Eick

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 2 *Months,* 22 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Bar tender

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Allyhany City Pa

*Duration of Residence in the City of Baltimore,* Eighteen (14) years

*Place of Death,* {Give Street and Number.} 312 Aisquith St

*Cause of Death,* First (Primary), Cardiac hypertrophy

Second (Immediate), Brights disease with dropsy

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem'y

*Date of Burial,* Oct 19, 1885

*Undertaker,* Henry Koch

*Place of Business,* 309 N Central Ave

Milton N Taylor M. D.
Medical Attendant.

*Address,* 135 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 87292

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87292 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 19 1885 BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Daly

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 35 years

*Place of Death,* {Give Street and Number.} No 18 N Hugh Street

*Cause of Death,* First (Primary), Old age

Second (Immediate), Congestion of the lungs

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Oct 20th 1885

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St

Milton N Taylor M. D.
Medical Attendant.

*Address,* 138 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 87293

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87293. *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Paxton.

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

*Age,* 15 *Years,* *Months,* *Days*

*Color,* Colored.

*Married, Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

*Duration of Residence in the City of Baltimore,* 6 years.

*Place of Death,* {Give Street and Number.} 134. York. St.

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Hemmorhages.

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Shaft St Cem.

*Date of Burial,* Oct 19" 1885

*Undertaker,* H. Ross.

*Place of Business,* Conway St

James A Lewis M. D.

Comm" of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John L. Finding Inspector

✓

No. 1704

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87294 *Office of Registrar of Vital Statistics* Ward 3rd

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 18/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lapke

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* 4 *Months,* / *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 yrs.

*Place of Death,* {Give Street and Number.} 48 So. Register St.

*Cause of Death,* First (Primary), Hemiplegia

Second (Immediate), Cerebral hemorrhage

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Ephonias Cc.

*Date of Burial,* Oct 20th /85

*Undertaker,* G. Frame

*Place of Business,* Bank & Hoyt St. *Address,* 50 So. Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 8729 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Thaler

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 3 *Months,* 10 *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} √

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria Germany

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and Number.} 539. N Lombard St

*Cause of Death,* First, (Primary,) Typhus Malarial Fever

Second, (Immediate,) "

*Duration of Last Sickness,* about 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Oct 21st 1885

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Balto St

G. L. Hummer M. D., Medical Attendant.

*Address,* 87 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87296 *Office of Registrar of Vital Statistics* Ward 15th

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18th 85. —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Catherina~~ Catherine Boss. —

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* white

*Married,* ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* — — — —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md —

*Duration of Residence in the City of Baltimore,* 28 yrs. —

*Place of Death,* {Give Street and Number.} 342 Hanover St. —

*Cause of Death,* First (Primary), Metritis with P. Peritonitis

Second (Immediate), Septicaemia

*Duration of Last Sickness,* 7 days. —

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 20/85

*Undertaker,* Armstrong

*Place of Business,* 961 Light

Geo A Strauss M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. [illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

HEALTH DEPARTMENT, OCT 20 1885 BALTIMORE, MD

Permit No. 8729 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19 — 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Gale

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Theresa Gale

*Age,* 4 *Years,* —— *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 138 Saratoga St

*Cause of Death,* First (Primary), Diphtheritic Sore throat

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* Oct 21 1885

*Undertaker,* A Rosenberger

*Place of Business,* 9 & Fawcett *Address,*

W. T. Grim M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. F. W. Semmes

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years.* *Months,* *Days.*

*Color,* White *Sex,* F

*Married,* ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md

*Duration of Residence in the City of Baltimore,* about 3 years

*Place of Death,* {Give street and number.} 113 N. Charles

*Cause of Death,* First (Primary,) old age; I did not

Second (Immediate,) attend her

*Duration of Last Sickness,* died suddenly, without an

All the above information should be furnished by the Physician.

*Place of Burial,* Glendon Baltimore Co. Md

*Date of Burial,* Oct 21st 1885

W. T. Howard, M. D.
Medical Attendant.

*Undertaker,* Stewart & Mowen *Address* 181 N. Howard St

*Place of Business,* 35 Park ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

3910 Transit

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87299 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna B Meeder

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 323 E. Baltimore St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Oct 21st 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 121 N Howard St

H. Wilson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

# Health Department, City of Baltimore.

Permit No. 87300 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 19. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Dorsey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 50 ? *Years,* ..... *Months.* ..... *Days*

*Color,* Col

*~~Married, Single, Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* waiter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md

*Duration of Residence in the City of Baltimore,* 45 yrs

*Place of Death,* {Give Street and Number.} 29 Oxford Ct

*Cause of Death,* First (Primary), Cancer of Liver

Second (Immediate),

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 21 85

*Undertaker,* Albt Anderson Hensley

*Place of Business,* 116 Orchard St

J. E. Atkinson M. D.
Medical Attendant

*Address,* 49 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 87301

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87301 *Office of Registrar of Vital Statistics.* Ward 10th

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 19/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L. Morse

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 78 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Dentist

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Vermont

*Duration of Residence in the City of Baltimore,* Fifty Years.

*Place of Death,* {Give Street and Number.} 104 N. Greene St

*Cause of Death,* First (Primary), —

Second (Immediate), Cerebral Congestion.

*Duration of Last Sickness,* Three (3) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* October 22nd/85

*Undertaker,* Wm Weaver

*Place of Business,* 202 N. Eutaw St *Address,* 112 N. Greene St

Louis H. Knight M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87302 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. OCT 20 1885

## CERTIFICATE OF DEATH.

C

*Date of Death,* Oct 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia Thomas

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State in country, and how long in the United States, if of foreign birth.} Talbot Co Md

*Duration of Residence in the City of Baltimore,* 37 Years

*Place of Death,* {Give Street and Number.} No 212 N Patterson Park Ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Hemorrhage of Lungs

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cem

*Date of Burial,* Oct 20th 1885

*Undertaker,* T. L. Locks

*Place of Business,* 73 Jefferson St *Address,*

Ellis A Henry M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKeown Sanitary Inspector

The Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87303 *Office of Registrar of Vital Statistics.* Ward 1st 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 20th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Stockarski

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 1 8 *Months.* — *Days*

*Color,* White —

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md —

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 75 Griffin's Court.

*Cause of Death,* First (Primary),

Second (Immediate), Burned while playing with fire —

*Duration of Last Sickness,* About 12 hours —

All the above information should be furnished by the Physician.

*Place of Burial,* R. C. Cemetery Govt.

*Date of Burial,* October 21. 85

*Undertaker,* E. Ward & Co

*Place of Business,* 215 S Gay St

N. L. Dashiell Jr. M. D.
Medical Attendant.

*Address,* 204 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(over)

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87304 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 20 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Poulston

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 7 *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 161 Sterling Street

*Cause of Death,* First (Primary), Infantile Paralysis

Second (Immediate),

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 22nd 1885 James H Steuart M. D.

*Undertaker,* W. W. Mackubin

*Place of Business,* East St *Address,* Com. of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ime can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ate of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87305 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT OCT 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mc Greevy

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} male

*Age,* 6 *Years,* 4 *Months,* 15 *Days*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 81 Thames st

*Cause of Death,* First (Primary), Diptheria

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Oct 21st 18

*Undertaker,* M. Delaney

*Place of Business,* 92 S. Am *Address,* 325 E. Baltimore

Louis G. Dowd M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87306 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 20 1885 BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gretchen Dickson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 61 *Years,* 7 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give Street and Number.} 170 N. Central Ave

*Cause of Death,* First (Primary), Strangulated femoral hernia Operation

Second (Immediate), Shock

*Duration of Last Sickness,* Two (2) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Emanuel

*Date of Burial,* Oct 21st

*Undertaker,* Fred Eade

*Place of Business,* 29 S. Caroline Address, Cor Bayer & Caroline Sts

J. O. Shuer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87307 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 20th 1885 - 3.30 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Rufus Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* 1 *Months,* 4 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Farmer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} York Co Pa.

*Duration of Residence in the City of Baltimore,* 6 days

*Place of Death,* {Give Street and Number.} Church Home & Infirmary - Broadway

*Cause of Death,* First (Primary), Necrosis of femur

Second (Immediate), Shock - after operation -

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Aberdeen Harford Co.

*Date of Burial,* Oct 21. 1885

Chas R Van Bibber M. D.
Medical Attendant.

*Undertaker,* W. H. Hickman

*Place of Business,* 234 N. Gay St *Address,* 47 Franklin St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

391/2 Fremont

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87308 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT SEP 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norah E. Ferguson

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Driving Life

*Place of Death,* {Give Street and Number.} 13 Minna Row

*Cause of Death,* First (Primary), Malarial Poisoning,

Second (Immediate), Dropsy.

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* October 21

*Undertaker,* B. Hoole

*Place of Business,* 82 West St

O. A. Corbo M. D.
Medical Attendant.

*Address,* 110 Forest

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87309 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 18th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. McGinnis,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 3 & 4 years.

*Place of Death,* {Give Street and Number.} * 8 N. Central Avenue,

*Cause of Death,* First (Primary), Malarial Fever.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Rood Cemetery

*Date of Burial,* Oct 20th 1885

*Undertaker,* Wm Wolaffer

*Place of Business,* 135 S. Front St

Saml F. Powell M. D.
Medical Attendant.

*Address,* * 29 N. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87310 *Office of Registrar of Vital Statistics.* Ward 5-7

HEALTH DEPARTMENT OCT 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Jane Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 93 *Years,* *Months,* *Days*

*Color,* Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

*Occupation,* Superannuated Cook &c.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* about 50 years

*Place of Death,* {Give Street and Number.} 144 N Spring St

*Cause of Death,* First (Primary), Old age

Second (Immediate), She is said to have been 115 years

~~*Duration of Last Sickness,*~~ old and Infirm 9 days to the best of my knowledge

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 22nd 1885

*Undertaker,* Chas W Chase

*Place of Business,* 198 S Howard St *Address,* 2118 Broadway

D W Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

# Board of Health, City of Baltimore,

Permit No. 87311 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* October 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Brizzo

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Forty-four *Years,* — *Months,* — *Days,*

*Color,* W

*~~Married, Single~~, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laundress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Driving life

*Place of Death,* {Give street and Number.} 118 N. Caroline St

*Cause of Death,* First (Primary), Valvular Disease of Heart

Second (Immediate) Dropsy (Supposed) Paralysis of Heart

*Duration of Last Sickness,* Eight Months (Under for some time)

All the above information should be furnished by the Physician.

*Place of Burial,* Ashbury, Ever Green cemetery

*Date of Burial,* Oct 22nd 1885

*Undertaker* Thos R. Sangee

*Place of Business,* 52 East St

Winfield Winsey M. D.
Medical Attendant.

*Address,* 116 E. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Saunders

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Brass Finisher

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 282 N. Broadway

*Cause of Death,* {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 9 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincent Cem. Chas. B. Ziegler M. D.

*Date of Burial,* Oct. 22d 1885 Medical Attendant.

*Undertaker,* Adam Fink Address 282 N. Broadway

*Place of Business,* 461 W. Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 87313 *Office of Registrar of Vital Statistics.* Ward 17 E

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death* 19 X 85 Oct 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Heffner

*~~Sex~~, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* 0

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Calvert County

*Duration of Residence in the City of Baltimore,* 59 yeds

*Place of Death,* {Give Street and Number.} 131 Hoot Ave

*Cause of Death,* First (Primary), Old age

Second (Immediate),

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem.

*Date of Burial,* Oct 22nd/85

*Undertaker,* C.F. Krauserdon

*Place of Business,* 209 Hanover *Address,* 226 Mulberry St

L. C. Hom M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8734 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 19th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inf. Andrew Stretz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} male

*Age,* 2 *Years,* 2 *Months.* 4 *Days*

*Color,* white

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 209 E. Fayette st

*Cause of Death,* First (Primary), Enteric - Colitis

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Oct 21. 1885

*Undertaker,* Chas. F. Emrich & Co.

*Place of Business,* Eager & Tally Sts. *Address,* 345 E. Balto. st.

*Steve Geo. Dausch* M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87315 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W. Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 15 *Months,* ..... *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 22 Hall's Lane

*Cause of Death,* First (Primary), .....

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 21st 1885.

*Undertaker,* Wm W. Haddrell

*Place of Business,* 446 East Pratt

D Lloyd M. D.
Medical Attendant.

*Address,* 137 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87316 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of, this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 21 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 20 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl C. Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* — *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} West Va

*Duration of Residence in the City of Baltimore.* 5 months

*Place of Death,* {Give Street and Number.} 133 S. Eden st.

*Cause of Death,* First (Primary), Asphyxia

Second (Immediate), Croup (Diphtheritic)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Oct. 22 1885

J. W. P. Bales M. D.
Medical Attendant.

*Undertaker,* Michael Punk

*Place of Business,* 65 Bank St. *Address,* 78 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE, MD.

19

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances E. Drexel

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 3 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} U.S. Mass.

*Duration of Residence in the City of Baltimore,* Over work

*Place of Death,* {Give street and number} 7 N. Goodrich St

*Cause of Death,* First, (Primary.) Gastro Enteritis

Second, (Immediate,) ____

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Oct 22 1885

E W Dean M. D.
Medical Attendant.

*Undertaker,* C F Kane

*Place of Business,* 14 S Highland St. *Address,* ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Health Department, City of Baltimore.

Permit No. 87318 *Office of Registrar of Vital Statistics.* Ward 81

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 21 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Leonard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Don't Know

*Place of Death.* {Give Street and Number.} Mst. Little Lester Poor

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross cemetery

*Date of Burial,* Oct 22/85

*Undertaker,* Mr Bloodcamp

*Place of Business,* E. Lombard *Address,*

Jno. Buck Ray M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

DAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 87319 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 21 1885
BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday Oct 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Winifred Cairell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 45 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give Street and Number.} 61 Center Mark. St East

*Cause of Death,* First (Primary), Cancer of Omentum & Liver

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Veneyns Cem

*Date of Burial,* October 22d

*Undertaker,* N Diffpel

*Place of Business,* 151 E Pond

Wilmer Brinton M. D.
Medical Attendant.

*Address,* Chas St & Fores Place

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODA

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87320 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 21st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Becker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 36 *Years,* 5 *Months,* 15 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} #450 Barre st.

*Cause of Death,* First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Oct 22 '85

*Undertaker,* Wm Tucker

*Place of Business,* 65 S. Eutaw St *Address,* 166 N. Paca St.

E. L. Buddenbohn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8732 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D Jones

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Entire Life

*Place of Death,* {Give Street and Number.} 67 N Paca St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Talbot County Md

*Date of Burial,* Oct 23rd 1885

*Undertaker,* Denny H Mitchell

*Place of Business,* 65 S Broadway *Address,* [illegible] M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3913 Fawn

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87322 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH OCT 21 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 20. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Klingelberg

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ... *Years,* ... 9 *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ...

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give Street and Number.} 124 N Washington St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), ...

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Oct 22 d 1885

*Undertaker,* John Hennig.

*Place of Business,* 382 Orleans St. *Address,* 344 E. Balto St.

J. H. Ellenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87323 *Office of Registrar of Vital Statistics* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. OCT 21 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Coburn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 2 *Months,* 5 hours *Days*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} D. C.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 106 N. Washington St.

*Cause of Death,* First (Primary), Pulmonary Congestion

Second (Immediate), Inanition

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenn Cemetery

*Date of Burial,* Oct 23 1885 Geo L Winter M. D.

Medical Attendant.

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St *Address,* Ft. Lo. Bon Ay

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certi...

# Health Department, City of Baltimore. 16

Permit No. 87324 *Office of Registrar of Vital Statistics.* Ward 16

HEALTH DEPARTMENT OCT 21 1885 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 20/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann McCaffry

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 34 Years.

*Place of Death,* {Give Street and Number.} # 4 Emory ct

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* Fifteen (15) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* Oct 22nd/1885

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry st *Address,* 387 W Lmbd

A L Lucas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87325 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED OCT 22 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elise Yphoff

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 38 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give Street and Number.} 98 S. Canal St

*Cause of Death,* First (Primary), The Puerperal State

Second (Immediate), Septic Peritonitis

*Duration of Last Sickness,* Three (3) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 22d 1885

*Undertaker,* Peter Frey

*Place of Business,* 91 Eutaw Av

J. W. Skinner M. D.
Medical Attendant.

Address, Cor Eager & Caroline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87326 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Leech

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* 9 *Months.* *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Fish Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

*Duration of Residence in the City of Baltimore,* 55 Yrs.

*Place of Death,* {Give Street and Number.} Mc Elderry St. near P.P. Ave, no number

*Cause of Death,* First (Primary), Chronic Alcoholism

Second (Immediate), Paralysis of Brain

*Duration of Last Sickness,* about 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem,

*Date of Burial,* Oct 28th 1885

E. L. Lyons M. D.

Medical Attendant.

*Undertaker,* Wm S. Fry

*Place of Business,* 81 N Broadway *Address,* 375 E. Balto. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87327 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

OCT 2[illegible]

*Date of Death,* Oct. 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Agnes Dolan

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 15 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 172 Fremont Ave

*Cause of Death,* First (Primary), Indigestion

Second (Immediate), Gastro Enteritis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 22/85

*Undertaker,* Chas T. Scriven

*Place of Business,* 271 W. Eutaw

Geo. B[illegible] M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87328 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPART
OCT 22 1885

*Date of Death,* Oct. 19. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Elwood Harrison

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* ..... *Months.* ..... *Days*

*Color,* M

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co.

*Duration of Residence in the City of Baltimore.* 57 yrs

*Place of Death,* {~~Give Street and~~ Number.} ~~302 N. Fayette St~~

*Cause of Death,* First (Primary), Pneumonia followed by Hyd Thorax & Effusion

Second (Immediate), Sudden failure of Heart Action

*Duration of Last Sickness,* 8 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct. 22 1885

*Undertaker,* Denny & Metcalf

*Place of Business,* 530 N Fayette

C. W. Metcalf M. D.
Medical Attendant.

*Address,* 306 N. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87329 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPT. OCT 22 1885

*Date of Death,* Oct. 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. M. Simmont

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Printer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 78 Harlem Ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Three Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 23/85

*Undertaker,* Denny & Mulvihill

*Place of Business,* 530 W Fayette

John Neff M. D.
Medical Attendant.

*Address,* 204 N Carrollton

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87330 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maude Franklin Dryden

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 9 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of ~~Residence in the City of Baltimore~~,* Lifetime

*Place of Death,* {Give Street and Number.} 6 Selma Place

*Cause of Death,* First (Primary), Inflammation of Brain

Second (Immediate), Exhaustion & Coma

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Salisbury, Md

*Date of Burial,* Oct 22/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 N Fayette

James Bosley M. D.
Medical Attendant.

*Address,* 319 Aisquith

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3914 Transit

# Health Department, City of Baltimore.

Permit No. 87331 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 22 1885

*Date of Death,* October 21 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nelson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months.* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany (2 Years)

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} No 81 Eastern av.

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Perforation of intestine

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Oct 23rd 85

*Undertaker,* John A Schuh

*Place of Business,* 765 Aisquith Street, *Address,* 12 S Eden

L Chaumel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87332 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 22

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 20 1885 (Bertrieu

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine E Bertrieu

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 24 - *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hartford Co Md a

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give Street and Number.} 340 Hanburg st

*Cause of Death,* First (Primary),

Second (Immediate), Dysentery Fever

*Duration of Last Sickness,* 17 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 23. 1885

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St

Sheridan Cartee M. D.
Medical Attendant.

*Address,* 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87333 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21st 85 OCT 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Trent

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* ——— *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. C

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 56 E Fayette st

*Cause of Death,* First (Primary), Congestion of Lungs

Second (Immediate),

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 22 1885

*Undertaker,* Alexander Hendley

*Place of Business,* 116 Orchard st

D. A. Nelson M. D.
Medical Attendant.

*Address,* 282 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 8733 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 21 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Thompson

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 39 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Coffee Roaster

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number.} 109 Shield's Alley

*Cause of death,* First, (Primary,) Hereditary

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 4 mos.

All the above Information should be furnished by the Physician.

*Place of Burial,* Louisa Cemetery

*Date of Burial,* Oct 23 1885

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St. *Address,* 83 N. Green

W. Gray Smith M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87335 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 22 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 10/22/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Jenkins

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 23 *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 89 Moores Alley.

*Cause of Death,* First (Primary), Exhaustion

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 22 1885

*Undertaker,* Alexander Kennedy

*Place of Business,* Merchant St

Henry Chandlee M. D.
Medical Attendant.

*Address,* 181 Lombard Str

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87336 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 21st, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter Leland

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* 10 *Months,* 5 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Retired

*Birth Place,* {State or country, and how long in the United States if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give Street and Number.} 102 S. Washington St.

*Cause of Death,* First (Primary), Erysipelas of the face & head.

Second (Immediate), Old Age.

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel.

*Date of Burial,* Oct 23rd

*Undertaker,* H. N. Trull

*Place of Business,* 131 Hanover St

Francis A. Lowe M. D.
Medical Attendant.

*Address,* 105 N. Central Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87337 *Office of Registrar of Vital Statistics.* Ward 7-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 22 1885 BALTIMORE

*Date of Death,* Oct 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Seibert

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany (38 yrs in Am.

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* {Give Street and Number.} D. Jos. Hospital

*Cause of Death,* First (Primary), Adhesions & Paralysis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Hollins

*Date of Burial,* October 22

*Undertaker,* B. Hyde

*Place of Business,* 82 West St

Oscar J. Lucas M. D.
Medical Attendant.

*Address,* 188 N Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

15

# Health Department, City of Baltimore.

Permit No. 87338 *Office of Registrar of Vital Statistics.* Ward 1 sh

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Scheffler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* 10 mo. *Months,* 15 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 54 Eleventh St

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 21 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* October 22nd 85

*Undertaker,* H. Sander & Son

*Place of Business,* 232 Caroline Ave *Address,* 53 Eleventh St

E. J. Williams M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87339 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... OCT 22 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline M. Yingling

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* 7 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 216 Alice Anna St.

*Cause of Death,* First (Primary). Typhoid Malarial Fever

Second (Immediate), Coma

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* October 25th 1885

*Undertaker,* Leonhard Kurz

*Place of Business,* 227 S. Bond St. *Address,* 243 Alice Anna St.

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

# Health Department, City of Baltimore. 20

Permit No. 87340 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE

*Date of Death,* Oct 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Miller

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... ~~*Months,*~~ 14 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 349 Biddle St.

*Duration of Residence in the City of Baltimore,* 2 weeks

*Place of Death,* {Give Street and Number.} 349 Biddle St.

*Cause of Death,* First (Primary), Gastralgia

Second (Immediate), Convulsions

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* Oct. 22

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Green St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 67341 *Office of Registrar of Vital Statistics.* Ward 10 1E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 22 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Yeakle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Yeakle

*Age,* 2 *Years,* 2 *Months,* 7 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Born in the

*Place of Death,* {Give Street and Number.} 138 Saratoga St

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetz

*Date of Burial,* Oct 23 1885

*Undertaker,* A Rosenberger

*Place of Business,* 70 Lumbery St *Address,* 18 E Hamilton

A H Linn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87342 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. A

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE

*Date of Death,* Oct. 22/83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Blair

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore.* 18yrs,

*Place of Death,* {Give Street and Number.} 72 S. High

*Cause of Death,* First (Primary), Typho-Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Com

*Date of Burial,* Oct 23. 1885

*Undertaker,* E. Frances

*Place of Business,* Bank & Wolf St, *Address,* 502 Broadway

R. W. Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 87343

*Office of Registrar of Vital Statistics.* 62

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE

*Date of Death,* Oct. 21. 1885. 68

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Diener

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 ~~Years~~, 4 ~~Months~~, Days.

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

~~*Duration of Residence in the City of Baltimore,*~~

*Place of Death,* {Give street and number.} N. Chappel St. 69

*Cause of Death,* First, (Primary.) Diphtheritis

Second, (Immediate.)

*Duration of Last Sickness,* 6 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Oct 22nd 85

*Undertaker,* G. Franc

*Place of Business,* Bank & Wolfe St *Address,*

C. H. Park M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 57344 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... OCT 22 1885 ...BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Batchins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 76 *Years,* ——— *Months.* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Stevedore

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give Street and Number.} 206 S. Bond Street

*Cause of Death,* First (Primary), ———

Second (Immediate), Old age

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cem.

*Date of Burial,* Oct 22nd '85

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Address 275 S. Broadway

N. L. Dashiell. Jr M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Dr visit—an hour before death.

Especial attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87345 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 22 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21 st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Blopham Evans

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 16 *Months,* ~~—~~ *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 342 McDonogh St

*Cause of Death,* First (Primary), acute diarhoea

Second (Immediate), extreme exhaustion

*Duration of Last Sickness,* about three days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 23 1885

*Undertaker,* John W Jackson

*Place of Business,* 69 S Gordon st

Milton N Taylor M. D.
Medical Attendant.

*Address,* 138 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87346 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hirsch

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 1 *Months,* ..... 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 23 N. Caroline St

*Cause of Death,* First (Primary),

Second (Immediate), Erysipelas

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Oct 23. 1885

*Undertaker,* [illegible]

*Place of Business,* 125 Orleans St *Address,* [illegible]

[illegible] *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8734 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 22 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct – 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret J. Clarke

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give Street and Number.} No – 237 Gough st.

*Cause of Death,* First (Primary),

Second (Immediate), Congestive Chill

*Duration of Last Sickness,* One hour -

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks City

*Date of Burial,* October 24/85

*Undertaker,* H. W. Jenkins & Sons

*Place of Business,* Park & Saratoga *Address,* 237 Gough st

A. P. Clarke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87348 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OK

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* Black

*~~Married, Single,~~ Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State of country, and how long in the ~~United States,~~ if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Living life

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Hernia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub. Cemty

*Date of Burial,* Oct 22/85

*Undertaker,* F C Kuehnel

*Place of Business,* 30 Walnut Ave *Address,* M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87349 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 23 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 22nd

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Campbell Hamilton

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* Thirty six *Years,* ten *Months.* Sixteen *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Lawyer

*Birth Place,* { State or country, and how long in the United States if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give Street and Number. } 187 Franklin St

*Cause of Death,* First (Primary), Chronic Inflam of Bladder (Surgical Malady)

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Ennon

*Date of Burial,* Oct 24th 1885

*Undertaker,* H. W. JENKINS & SONS

UNDERTAKERS

*Place of Business,* Park & Saratoga Sts.

W. H. Carr M. D.

Medical Attendant.

*Address,* 185 Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87350

## Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 23 1886
BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Cailey

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 1 *Years,* 8 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single ~~Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 124 Battery ave

*Cause of Death,* First (Primary), Dysentery

Second (Immediate), Cerebral Effusion

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* 24 October

*Undertaker,* B Hale

*Place of Business,* 82 West St

J. C. Burch M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87351 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* October 21 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth R. Mayer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Her time

*Place of Death,* {Give Street and Number.} No 328 Barre st

*Cause of Death,* First (Primary), Croup Membranous

Second (Immediate), Asphixia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* 23 October

*Undertaker,* B Hale

*Place of Business,* 82 West St

C. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Paca st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Martha Herpel

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 3 *Months,* 15 *Days.*

*Color,* White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 46 S Regester

*Cause of Death,* First (Primary,) Catarrh of Lungs

Second (Immediate,) ____

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct. 23 1885

*Undertaker,* John Lake

*Place of Business,* 201 E Balto St

E J Way M. D.
Medical Attendant

*Address* 19 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore,

Permit No. 87353 *Office of Registrar of Vital Statistics.* Ward 20 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... OCT 23 ... BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22/85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mark M. Mohn

*Sex, Male ~~or Female,~~* { Cross out the word not required in this line. } male

*Age,* 2 *Years,* 4 *Months,* 20 *Days,*

*Color,* white

*~~Married, Single, Widow or Widower,~~* { Cross out the word not required in this line. } child

*Occupation,* none

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Martinsburg W. Va.

*Duration of Residence in the City of Baltimore,* 18 months

*Place of Death,* { Give street and Number. } 1 Clinton ave,

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial.* Oct 23rd 1885

*Undertaker,* Dieterich Wiegand

*Place of Business,* 166 Druid Hill Ave

H. R. Fletterhoff, M. D., Medical Attendant.

*Address,* 227 Madison ave,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 87337 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 22nd, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gladus Dorpeaux

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 4 *Months,* — *Days*

*Color,* White,

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltr. Md —

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 187 S. Central Ave —

*Cause of Death,* First (Primary), —

Second (Immediate), Marasmus —

*Duration of Last Sickness,* About two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Schwarz Cemty

*Date of Burial,* Oct. 23 1885

*Undertaker,* Michael Funk

*Place of Business,* 35 Bank St Address, 207 S. Broadway

N. L. Dorsett M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

I was called to see this child, [illegible] a month ago and have not seen it [illegible]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 87355 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* October 22 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna A Hall

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* ~ *Months,* ~ *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housekeeping

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 1036 N Broadway

*Cause of Death,* First (Primary), Confinement

Second (Immediate), Puerperal Fever

*Duration of Last Sickness,* 11 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Oct 24, 1895

*Undertaker,* John. W Jackson

*Place of Business,* 427 Gordon St *Address,* 121 E Biddle St

J Ridgway Andre M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87366 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Walther

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Legitima

*Place of Death,* {Give Street and Number.} 1 Prince Pl

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Ulceration of bowel

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Oct 23 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 Lb Balt

James Boely M. D.
Medical Attendant.

*Address,* 319 Hollins

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87357 *Office of Registrar of Vital Statistics.* Ward 2 Pt

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 21- 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Zinkand

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50. *Years,* 2 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Dairy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Hagerstown Md-

*Duration of Residence in the City of Baltimore,* Six Months

*Place of Death,* {Give Street and Number.} 56 E- Biddle St

*Cause of Death,* First (Primary), Lumbar Abscess

Second (Immediate), Gun dabetes

*Duration of Last Sickness,* Seven weeks-

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cl

*Date of Burial,* October 24

*Undertaker,* H Henry Hoeck

*Place of Business,* 309 N Central Av

Geo F. Cors M. D.
Medical Attendant.

*Address,* Gardenville Balto Co

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87358 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 21st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha W. Jackson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Somerset County Md.

*Duration of Residence in the City of Baltimore,* Sixty four Years

*Place of Death,* {Give Street and Number.} 273 Canton Avenue

*Cause of Death,* First (Primary), Old age

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Md. Memorial Cem

*Date of Burial,* October 23d/85 Nicholas L. Dashiell M. D.

*Undertaker,* H. Sanders & Son Medical Attendant.

*Place of Business.* 252 Canton Ave *Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87859. *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 23 1885

BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Eckmitz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 53 Duncan aly.

*Cause of Death,* First (Primary), Inflam. Brain

Second (Immediate),

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Oct 23. 1885

*Undertaker,* Frank Tracht & Co.

*Place of Business,* 249 N. Durham

J. H. Collenberg M. D.
Medical Attendant.

*Address,* 344 E. Balt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87360 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 22/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eustonia Palmer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 6 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 114 Washington ave

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 13 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem.

*Date of Burial,* Oct. 25/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 387 N. Gilmor

D. L. Dunn *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87361 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant - John & N Finch

*Sex, Male or Female,* {Cross out the word not required in this line.} Jarrett Nelson Emma L Finch

*Age,* ..... *Years,* ..... *Months,* 6 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 375 N. Mount St.

*Cause of Death,* First, (Primary,) Jaundice

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Oct. 24th

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St *Address,* 2738 E. Lombard St

H. M. Simms *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 87362 *Office of Registrar of Vital Statistics* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1885 BALTIMORE MD

## CERTIFICATE OF DEATH

*Date of Death,* Oct 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Newburn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 103 Orleans

*Cause of Death,* First (Primary), .....

Second (Immediate), Meningitis

*Duration of Last Sickness,* 3 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* Fells Point Cemetary

*Date of Burial,* Oct. 25th 10 A. M.

*Undertaker,* Henry Hoffman

*Place of Business,* #63. N. Eden St. *Address,* [illegible]

J. H. [illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87363

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the proper filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... OCT 23 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 20th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Simms

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 31 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Washington D.C.

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give street and number.} 93 Chauncey St

*Cause of Death,* First (Primary,) Phthisis

Second (Immediate,) Hemorrhage & hæmoptysis

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 23 1885

*Undertaker,* William A Dunger

*Place of Business,* 62 East St

James J Buck M.D.
Medical Attendant.

*Address* 134 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8764 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE OCT 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Octoba 2nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Dorsey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* Four *Months,* 0 *Days*

*Color,* Dark Brown

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 4 Months

*Place of Death,* {Give Street and Number.} No 144 Pierpont

*Cause of Death,* First (Primary), Undetermin

Second (Immediate), Consumption of Lungs

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Stamps St Cemetery

*Date of Burial,* Oct 3 1885

*Undertaker,* William A Pierce

*Place of Business,* 62 East St

Benj H Bohrer M. D.
Medical Attendant.

*Address,* Cor Mulberry & Eu

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87365 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD OCT 23 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 20 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Rainey (Eliza Rainey) Rainey

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Unknown *Years,* about 50 *Months.* *Days*

*Color,* Col

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} M W

*Occupation,* Unknown

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Unknown

*Duration of Residence in the City of Baltimore,* over 20 years

*Place of Death,* {Give Street and Number.} 1 Thurmont Alley.

*Cause of Death,* First (Primary), Cirrhosis

Second (Immediate), Ascites / Pneumonia

Unknown

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 23 1885

*Undertaker,* William A Runge

*Place of Business,* 62 East St

Upshur Hutchins Jones M. D.
Medical Attendant.

*Address,* 1011 Eutaw Pl

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87366

*Office of Registrar of Vital Statistics* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 23 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday Oct 21 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Breen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 51 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 26 Bayard

*Cause of Death,* First (Primary), Debauch & Typhoemia

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 23rd

*Undertaker,* John J Conroy

*Place of Business,* 89 Carlton st

D. Moore M. D.
Medical Attendant.

*Address,* 558 West Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87367 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1885 REGISTERED

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 21 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clares L Carroll Carroll

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days*

*Color,* colored

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Porter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 60 Hanover st

*Cause of Death,* First (Primary), Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. A. cemetery

*Date of Burial,* Oct 23rd 1885

*Undertaker,* Jas H. Chase

*Place of Business,* 198 S. Howard St

10th Ward Coroner ~~Medical Attendant~~. M. D.

*Address,* 226 Hollins St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87368 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately~~ filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of Law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 23d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Joseph & Gadunje Kuessig

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 10 Minute *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 116 Fort Ave

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate),

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Secret Home

*Date of Burial,* Oct 28/85

*Undertaker,* B. Hale

*Place of Business,* 82 West St

Thomas A Steuart M. D.

Medical Attendant.

*Address,* Canton Md. & RC

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87369 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 24 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Harrington

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 17 W Fayette

*Cause of Death,* First (Primary), Inanition

Second (Immediate),

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 24th 1885

*Undertaker,* Henry W Mears

*Place of Business,* 22 W. Fayette *Address,* 171 N Carey St

Geo B Kyle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Cer...

# Health Department, City of Baltimore.

Permit No. 87370 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 24 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 23 ed 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Bengel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* 3 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 102 St. Peter st.

*Cause of Death,* First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County.

*Date of Burial,* October 24

*Undertaker,* H. N. Fall

*Place of Business,* 31 Hanover. *Address,* 146 S. Second

C. L. Buddenbohn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8937 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 22d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Williams

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Nurse Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* Known to be 55 Years

*Place of Death,* {Give Street and Number.} # 85 West Monument St

*Cause of Death,* First (Primary), Valvular Heart trouble

Second (Immediate), Apoplexy

*Duration of Last Sickness,* Few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 25th 1885

*Undertaker,* Saml W. Chase

*Place of Business,* 98 S. Howard St

Edsall Rutledge M. D.
Medical Attendant.
Coroner

*Address,* 108 Aisquith St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8737½ *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 1883

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22. 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Kuemann

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* — *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 186 S. Durham St. Chapel st

*Cause of Death,* First (Primary), Debilitation

Second (Immediate), Convulsions,

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Emmanuel Cemetery

*Date of Burial,* Oct 24th 1883

*Undertaker,* Fred. Gaede

*Place of Business,* 298 Aisquith

H. V. Gourley, M. D.
Medical Attendant.

*Address,* 90 S. Ann St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This C...

# Health Department, City of Baltimore.

Permit No. 87373 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE

*Date of Death,* Oct 23, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Daniel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 22 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Coal

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 76 S Regester St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mountpleasant

*Date of Burial,* October 25th

*Undertaker,* N Dittel

*Place of Business,* 157 S Bond Address, 157 S Bond

P. A. Cole M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87374 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 24 1888

## CERTIFICATE OF DEATH. a

*Date of Death,* Oct 23rd 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Willmer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 64 *Years,* 11 *Months,* 18 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} W

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} London

*Duration of Residence in the City of Baltimore,* 36 Years.

*Place of Death,* {Give Street and Number.} 88 W. Eldorado

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Oct 25th 88

*Undertaker,* John C. Schutt M. D. Medical Attendant.

*Place of Business,* 265 Alice [illegible] Address 107 W Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87375 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 22d. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Grimes -

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland -

*Duration of Residence in the City of Baltimore,* Thirty Years -

~~*Place of Death,*~~ {Give Street and Number.} 63 N. Central Ave.

*Cause of Death,* First (Primary), Phthisis pulmonalis -

Second (Immediate), Exhaustion -

*Duration of Last Sickness,* Two Years -

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct-25-85

*Undertaker,* Wm F Fry

*Place of Business,* 21 N Broadway *Address,* 139 N. Charles St.

Charles. Stiffen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 8756 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 23rd /85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Matthews

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days,*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* ?

*Place of Death,* {Give street and Number.} 73 Presb. St

*Cause of Death,* First (Primary), Paralysis

Second (Immediate), Typhoid Fever ?

*Duration of Last Sickness,* ~~How long~~ about 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Burial Grounds

*Date of Burial,* Oct 25th 1885

*Undertaker* John E Hough & Co.

*Place of Business,* 298 Penn Ave *Address,* 201 W. Biddle St

R. Winslow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 8432[illegible] *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 23/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Fuhrman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* Wht

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Nurse

*Birthplace,* {State or country, and how long in the United States if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number.} 8 Wall St

*Cause of death,* First, (Primary,) Acut. Bronchitis

Second, (Immediate,)

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount.

*Date of Burial,* October. 25.

*Undertaker,* B Hartle.

*Place of Business,* 82. West St.

L B Booth M. D.,
Medical Attendant

*Address,* 361 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 87378 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 24 1885
BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* October 23d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Watling

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {~~State or country, and how~~ long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give Street and Number.} 46 N Fulton Ave

*Cause of Death,* First (Primary), Chronic Dyspepsia

Second (Immediate), Neuralgia of the Heart

*Duration of Last Sickness,* A few days (last week will do for answer)

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 25/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 Fayette st

I. G. Linthicum M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87349 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled Out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 1, 23/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Edwards

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 4 *Months,* ——— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*~~Duration of Residence in the City of Baltimore~~,* ———

*Place of Death,* {Give Street and Number.} 6 E Cross St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Diphtheritic Croup

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Oct. 24 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 158 S Paca

Geo. D. Blake M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Health Department, City of Baltimore.

Permit No. 87380 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... OCT 24 1... BALTIMOR...

## CERTIFICATE OF DEATH

*Date of Death,* Oct 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Killey King

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* ..... *Months,* ..... *Days*

*Color,* W

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ~~Married~~ Divorced

*Occupation,* Pooler Master

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 yrs.

*Place of Death,* {Give Street and Number.} 131 S. Exeter St

*Cause of Death,* First (Primary), Phthisis Pul

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Oct. 25/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto. St *Address,* 645 W Lombard

H. H. Goodman M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87381 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 24 1885 BALTO.

## CERTIFICATE OF DEATH

*Date of Death,* October 23d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George William Rattner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} male

*Age,* ~~Years~~, 1 ~~Months~~, 19 Days

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State if in country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 147 N. Chapel st.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* since born

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer cem.

*Date of Burial,* Oct 25

*Undertaker,* J. Putterer

*Place of Business,* 133 E. Lombard st

C. C. Z. Dausch M. D.
Medical Attendant.

*Address,* 325 E. Balto st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 87382

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH LAB. OCT 24 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22 — 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Campbell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* — *Months,* — *Days.* by an executor.

*Color,* Col.

*Married, ~~Single, Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Va.

*~~Duration of Residence in the City of Baltimore,~~* 25 yrs.

*Place of Death,* {Give street and number.} # 54 S. Sharp St.

*Cause of Death,* First, (Primary.) Co. Comminuted & fractured

Second, (Immediate.) Frac. of Skull, caused by being struck

*Duration of Last Sickness,* Instant death.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 24 - 1885

*Undertaker,* W. W. Madden

*Place of Business,* 76 East St

Alexander Hill, M.D.,
Medical Attendant.

*Address,* Coroner Cent. Dist.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87383 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *before*, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

15

HEALTH DEPT. OCT 24 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Donnell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* 3

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 7 Holbrook St

*Cause of Death,* First (Primary), Burns

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Oct 25th

*Undertaker,* H. C. Winefield

*Place of Business,* 60 Grinnon's Lane

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N Calvert St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. OCT 24 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 23. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} (James) Annie Triplett Infant

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* *Days.*

*Color,* Blk *Sex,* F

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. City,

*Duration of Residence in the City of Baltimore,* Life,

*Place of Death,* {Give street and number.} 10 Davis Alley

*Cause of Death,* First (Primary,) Marasmus,

Second (Immediate.) Asthenia

*Duration of Last Sickness,* Life,

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St. Cem. J. F. Nyte M. D.

*Date of Burial,* Oct. 26th 85. Medical Attendant.

*Undertaker,* Wm. J. Gray *Address* 217 Fawn

*Place of Business,* 65 Mulberry St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Health Department, City of Baltimore.

Permit No. 87385 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 BALTIMORE

*Date of Death,* Oct 23 rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A. Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* 15 *Days*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 8 Gilbert St

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Meningitis

*Duration of Last Sickness,* 2 or 3 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 25th 1883

*Undertaker,* Alex Hensley

*Place of Business,* 1100 Hanover St

H. Hill M. D.
Medical Attendant.

*Address,* 23 E Lemmon

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 24 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 22nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Garrett

*Sex, ~~Male or Female,~~* {cross out the word not required in this line.} Male

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* Cast Driver

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Fifty Years

*Place of Death,* {Give street and number} Wilson St No 10

*Cause of Death,* {First, (Primary,) Catarrh
Second, (Immediate,) Phthisis

*Duration of last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 24th

John R Alexander M. D.
Medical Attendant.

*Undertaker,* [illegible]

*Place of Business,* Mosher St No 194

16 Orchard St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 87387

*Office of Registrar of Vital Statistics.* 97

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
OCT 24
BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22 — 97

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rob. Taylor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 10 *Months,* *Days.*

*Color,* Col.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 12 yrs

*Place of Death,* {Give street and number.} Foot of Patterson's wf

*Cause of Death,* First, (Primary.) Asphyxia, caused by drowning

Second, (Immediate.)

*Duration of Last Sickness,* 3 — 5 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 24 97

*Undertaker,* W W Madden

*Place of Business,* 76 East 8[illegible]

Alexander Hill, M.D.,
Medical Attendant.

*Address,* Coroner Cent. Dist.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 87388 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 24 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Holmes

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 10 Madison Alley

*Cause of Death,* First (Primary), ✓

Second (Immediate), Convulsions

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Oct 25th 1885

*Undertaker,* W Madden

*Place of Business,* 48 East st

Thos S Holmes M. D.
Medical Attendant.

*Address,* Balto

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87389 *Office of Registrar of Vital Statistics.* Ward 5 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Dea

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 195 N 24th

*Cause of Death,* First (Primary), Diptheria

Second (Immediate),

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Oct 24th 1885

*Undertaker,* Wm J Schaffer

*Place of Business,* 155 Front St

Geo B Symons M. D.
Medical Attendant.

*Address,* 171 N Calvert St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

ETY ▲ FILM

# Health Department, City of Baltimore.

Permit No. 87390 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 28. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. L Lohmann

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give Street and Number.} 6 Russell St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Oct 29 85

*Undertaker,* W. P. Tucker

*Place of Business,* 16 S. Eutaw St

Gerard Corbin M. D.
Medical Attendant.

Address, 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFE

# Health Department, City of Baltimore. 18

Permit No. 8739 / *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Shaw

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* ..... *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 69 Ritter Av

*Cause of Death,* First (Primary), Congestive Chills & Fever

Second (Immediate), ~~Hemorrhage~~ Collapse

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct 25 1885

*Undertaker,* Wm P Tuckner

*Place of Business,* 165 E Eutaw St

A Wolf Coltman M. D.
Medical Attendant.

*Address,* 343 Wolf Lanvale Av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying

# Health Department, City of Baltimore. 16

Permit No. 87392 — *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 23" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Handy Parents B John & Elizabeth

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 5 *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore C

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Streot and Number.} 36. Hanover St.

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Oct 24" 1885

*Undertaker,* Sam Chase

*Place of Business,* Hall & Howard Sts

Geo. H. Keen M. D.

Comm'r of Health & Registrar

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John. E. Finding = Inspector

# Health Department, City of Baltimore.

Permit No. 87373 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT. 24 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 23d 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H. Morgan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co.

*Duration of Residence in the City of Baltimore,* 8 Months

*Place of Death,* {Give Street and Number.} 1343 N. Gilmor

*Cause of Death,* First (Primary), Membranous Croup

Second (Immediate),

*Duration of Last Sickness,* 15 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 25th 1888

*Undertaker,* F. S. Macher

*Place of Business,* 157 Camden St.

G. W. Stones M. D.

Medical Attendant.

M. K. Toney M. D.

*Address,* 193 Pratt St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87394 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE

8

## CERTIFICATE OF DEATH.

*Date of Death,* October 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin L. Howard

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* — *Months.* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St. Marys Co. Md

*Duration of Residence in the City of Baltimore,* One Month

*Place of Death,* {Give Street and Number.} 69 Centre St.

*Cause of Death,* First (Primary), Tuberculosis of the Lungs

Second (Immediate), asthenia

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Marys Co. Md

*Date of Burial,* 25th Oct 1885

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* Park & Saratoga *Address,* 1st. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

391 Frazier

# Health Department, City of Baltimore.

Permit No. 87395 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L. Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 84 S Paca St

*Cause of Death,* First (Primary), Kick from a pony

Second (Immediate), Gastro Enteritis & Peritonitis

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 25th 1885

*Undertaker,* Jas P. Byrne

*Place of Business,* From St

Thos Corbin M. D.
Medical Attendant.

*Address,* 116 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87396 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
OCT 24
BALTIMORE

## CERTIFICATE OF DEATH.

B

*Date of Death,* October 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Eisinger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 4 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No. 36 Walker St.

*Cause of Death,* First (Primary), Traumatic Erysipelas

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Seven days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Oct 26th 1895

*Undertaker,* Julius Koehler

*Place of Business,* Harper Cross *Address,* No. Columbia Ave & Front St

Louis V. Adelsberg, M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore.

Permit No. 87397 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 25 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Octr. 22d. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Seiple

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 23 *Years,* —— *Months,* —— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} /

*Occupation* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* one year

*Place of Death,* {Give street and Number.} 376 West

*Cause of Death,* First (Primary). Brights Disease

Second (Immediate). " "

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Lauelenpark Cem

*Date of Burial,* Octr 25th 1885

*Undertaker* Julius Koehler

*Place of Business,* Sharp & Cross sts. *Address,* 506 Madison Ave.

J. H. Christian M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

# Health Department, City of Baltimore.

Permit No. 87398 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

HEALTH DEPT. OCT 24 1885 BALTIMORE

*Date of Death,* Oct 23rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A. Keefe

*Sex, Male or Female,* {Cross out the word not required in this line.} mal

*Age,* 1 *Years,* 1 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} /

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimor City Md

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give Street and Number.} 35 Stiles St.

*Cause of Death,* First (Primary),

Second (Immediate), Diptheria

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* Oct 24th 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 46 N Eaton St

Pierre George Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87399 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 22/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. A. Boehm

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 46 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Restaurant Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} S W Cor Hanover & Scott

*Cause of Death,* First (Primary), Morbi Brightii

Second (Immediate), ———

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home Cemetery

*Date of Burial,* Oct 26th 1886

*Undertaker,* Henry H. Mears

*Place of Business,* 115 N. Gay St

Jno A Blake M. D.
Medical Attendant.

Address, 58 E Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8400 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 23

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Matthews Thomas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* one *Years,* two ~~four~~ *Months.* *Days*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 152 York St

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate),

*Duration of Last Sickness,* Eight months.

All the above information should be furnished by the Physician.

*Place of Burial,* Shark Cemetery

*Date of Burial,* Oct 25/85

*Undertaker,* Jacob Dare

*Place of Business,* 261 Montour

G. J. Preston M. D.
Medical Attendant.

*Address,* Baltimore Polyclinic 112 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Necessity and Importance of this Regulation.

# Health Department, City of Baltimore.

Permit No. 57401 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE OCT 25 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* October 24" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Linton

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Baltimore M

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 118 Kinsale

*Cause of Death,* First (Primary), Malarial Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Oktober 26

*Undertaker,* B. Hark

*Place of Business,* 82 West PA *Address,* 110 Forkan

O. A. Cooke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 5742 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. OCT 25 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina Hall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* 5 *Years,* *Months,* *Days*

*Color,* African

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 240 Shuter St.

*Cause of Death,* First (Primary), —

Second (Immediate), Cerebral Fever

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 25 1885

*Undertaker,* William L. Fouque

*Place of Business,* 62 East St

H H Goodman M. D.
Medical Attendant.

*Address,* Cor S Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

14

Permit No. 87463 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. OCT 25 1885

a

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 22nd 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas Gray

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* Middle age *Years,* 55 *Months,* *Days,*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation* Stone Cutter

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* 5 yrs

*Place of Death,* { Give street and Number. } ~~185 Pratt~~ 12 Bowers Court

*Cause of Death,* First (Primary), Heart Disease

Second (Immediate),

*Duration of Last Sickness,* 10 months

All the above information should be furnished by the Physician.

*Place of Burial,* Shangai Cemetery

*Date of Burial,* Oct 25 1885

*Undertaker* Wilmont Pierce

*Place of Business,* 62 East st *Address,* 201 W Biddle st

R. Winslow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Blanks on Back of Each Certificate.

# Health Department, City of Baltimore.

Permit No. 87404 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday October 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Thornton

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 328 Little Vine St.

*Cause of Death,* First (Primary), ?

Second (Immediate), Typhoid fever 2 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 25 1885

*Undertaker,* Wilhelm & Pugh

*Place of Business,* 62 East St

L D Norris M. D.
Medical Attendant.

*Address,* 558 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 87405 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 25 1885
BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* October 22nd, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Tracy Streed

*Sex,* ~~Male~~ or Female. {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months.* *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 39 Years

*Place of Death,* {Give street and Number.} 512 Penna Ave

*Cause of Death.* First (Primary), Phthisis Pulmonalis

Second (Immediate).

*Duration of Last Sickness,* Same months

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* October 26.

*Undertaker* Walter Immel.

*Place of Business,* 315. W. Biddle St.

R. Gingling, M. D.
Medical Attendant.

*Address,* 152½ N. Eutaw St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87406 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bair

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 11 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 106 N Eutaw

*Cause of Death,* {First (Primary), Meningitis

Second (Immediate),

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* Oct 25th 85

*Undertaker,* G. Frank

*Place of Business,* Bonds & Mill *Address,*

M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87407

*Office of Registrar of Vital Statistics.* 21

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE

*Date of Death,* Oct: 24th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Pascoe

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 6 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 87. Richmond

*Cause of Death,* First, (Primary.) Rheumatism

Second, (Immediate.) Organic Disease of Heart

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Oct 26th 1885

*Undertaker,* Alex. Hensley

*Place of Business,* 1160 Orchard St

Robert J. Wilson
M.D.,
Medical Attendant.
+ 15. 2.

*Address,* 146 Park Av

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87408 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 24. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Metzger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 2 *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give Street and Number.} 169 Frederick ave,

*Cause of Death,* First (Primary), Teething

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Evangelisch-Lutherischer Dreieinigkeits Cemetry.

*Date of Burial,* Oct. 26th - 85.

C. R. Wilson M. D.
Medical Attendant.

*Undertaker,* J. P. Paulus

*Place of Business,* No 66 Frederick Ave. *Address,* 837 W. Pratt.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 87409 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1885 BALTIMORE

*Date of Death,* October 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Pipes

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* 25 *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} #537 N. Calhoun St.

*Cause of Death,* First, (Primary,) Cholera infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Two weeks.

All the Above Information should be furnished by the Physician.

*Place of Burial.* Western Cemetery

*Date of Burial.* Oct 26 the

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna Ave

Edwin. Conlyn M. D., Medical Attendant.

Address, # 244 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

# Health Department, City of Baltimore.

Permit No. 87410 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 24th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Died~~ Christina Wilhelmina Abendschein

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* 20 *Days*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} N° 438 Canton Avenue

*Cause of Death,* First (Primary), Marasmus infantilis

Second (Immediate),

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cem.

*Date of Burial,* Oct 26th 1885

*Undertaker,* Leonhard Ritz

*Place of Business,* 131 S. Broadway

Henry Asher M. D.
Medical Attendant.

*Address,* 16 N. Charles St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87411 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1885 BALTIMORE MD

*Date of Death,* Oct 23 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie L Dr

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* 7 *Months,* *Days*

*Color,* White ✓

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Dru, Life

*Place of Death,* {Give Street and Number.} 64 Fort av

*Cause of Death,* First (Primary), Typho-Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 25th 1885

*Undertaker,* Armstrong Bro

*Place of Business,* 263 Light

Oct 24 Cooke M. D.
Medical Attendant.

*Address,* 110 Fort av

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87412 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1886 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Palmer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give Street and Number.} 96 York St

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Abscess of Liver

*Duration of Last Sickness,* 7 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Oct 27th 1886

*Undertaker,* Arnold Adams

*Place of Business,* 963 Light St

Signed, Edward Duffy M. D.
Medical Attendant.

*Address,* 100 Warren St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87413 — *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 26 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 25 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Wahl. H

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* ——— *Days*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. V

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Cerebritis.

Second (Immediate), Convulsions.

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross cemetary

*Date of Burial,* October 26 1885

*Undertaker,* Henry Weginnis

*Place of Business,* North central ave

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Auburn av. Catho...

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8744 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 24 2 Pm '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Unlay 77

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Aortic Stenosis & Regurgitation with Mitral

Second (Immediate), Failure of Heart

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Oct 26th 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* .....

E. Tam Wood M. D.
Medical Attendant.

City Wood

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87415 *Office of Registrar of Vital Statistics.* Ward 1 C 71

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 26 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burgess

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* 2 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} √

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Old City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 14 Bond St

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate),

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Private Lem On Belair Road

*Date of Burial,* October 26

*Undertaker,* N Lippel

*Place of Business,* 151 S Bond *Address,* 151 S Broadway

D. Hagen M. D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87416 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1895 BALTIMORE

*Date of Death,* Saturday Oct 24th 95

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Tasker

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 32 *Years,* — *Months,* — *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation* Bartender

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Elkton Md

*Duration of Residence in the City of Baltimore,* Twenty-Six Years

*Place of Death,* {Give street and Number.} 4 Bath St

*Cause of Death,* First (Primary), Yz Typhoid Fever

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four days

the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Oct 26 1895

*Undertaker* Daniel J Dwyer

*Place of Business,* 1/2 Chestnut St

Edw Lawlor M. D.

Medical Attendant.

*Address,* Cor Park Ave & Mulberry

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, And to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8947 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 26 1885 BALTIMORE

*Date of Death,* Oct 24th, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 40 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 64 E Lee St

*Cause of Death,* First (Primary), Second (Immediate), Natural Causes

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel.

*Date of Burial,* October 26th 1885

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton ave

M. D. Medical Attendant.

*Address,* 1 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Rules and Regulations on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87418 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1880

## CERTIFICATE OF DEATH

*Date of Death,* Oct 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 3 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 22 Hills Lane

*Cause of Death,* First (Primary), Hydrocephalus

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 26-1880

*Undertaker,* W W Maddux

*Place of Business,* 76 East 8th *Address,*

J. E Gruwell M. D.
Medical Attendant.
Airport P.O.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87419 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

HEALTH DEPT. OCT 26 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 25th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Hoffman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* 5 *Months,* 27 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give Street and Number.} 277 Hollins st

*Cause of Death,* First (Primary), Paralysis - (attacked 3yrs + 9 months ago)

Second (Immediate), Result of injury to Spine by fall

*Duration of Last Sickness,* Six weeks since the fall

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 27th 1883

*Undertaker,* J. M Leonard & Son

*Place of Business,* 72 W. Baltimore

Chas. E. Gilbourne M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87420 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 18 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months.* —— *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum - Madison.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Oct. 26/85.

*Undertaker,* Innes & Lake

*Place of Business,* Division & Fremont

R. Mc Goldsmith M. D.
Medical Attendant.

*Address,* Hanover & Calhoun

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8442 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

HEALTH Dept. OCT 26 18[illegible] BALTIMORE

*Date of Death,* Oct 25th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella Hopewood

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 378 Division St.

*Cause of Death,* First (Primary), Atelectasis Pulmonalis

Second (Immediate), Convulsions

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 26 1885

*Undertaker,* Matthew Cardegan

*Place of Business,* 227 Mulberry St

Chas E Fadda M. D.
Medical Attendant.

*Address,* 565 [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87422 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPART... OCT 26 188... BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* October 25th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick A. Hoffman

*Sex, Male or Female;* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 4 *Months,* 23 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Cty.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give Street and Number.} N 4 Bruce St.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Since birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* October 27/1885

*Undertaker,* John L. Pauley

*Place of Business,* #66 Ind. Ave. *Address,* Cor. Columbia Ave & Front St.

Wm H. Holdsworth M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City Hall

Permit No. 87423 Office of Registrar of Vital Statistics March 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1883 BALTIMORE, MD.

D

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 25th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Goodwin

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* — *Months,* 7 *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widowed or Divorced.*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Fort Ave

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 48 W. Centre St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Diphtheretic Laryngitis

*Duration of Last Sickness,* Four days Duration. Tube Called in only 12 hours before death

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Oct 27th 1883

Thomas Sheasa M. D.
Medical Attendant.

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave *Address,* No 97 N. Charles St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 87424 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 26 188[illegible] BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct. 24 - 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie West

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Queen Anne's Co. Md.

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give Street and Number.} No 1 Ettings Ln.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* About Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Oct 26th 1885

*Undertaker,* Jno. F. Gray

*Place of Business,* 45 ——

L. A. Foster M. D.
Medical Attendant.

*Address,* 21 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87425 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Horstman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} V

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 Y.

*Place of Death,* {Give Street and Number.} 263 Park Ave

*Cause of Death,* First (Primary), Senile Decay

Second (Immediate), Gastritis

*Duration of Last Sickness,* 14 da

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Oct 28/85

*Undertaker,* Chas. L. Sevier

*Place of Business,* 271 N. Eutaw *Address,* 225 N. Eutaw St

M. D.

Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87426 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 26th 1915

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 48 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Home Duties

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 606 E Monument

*Cause of Death,* First (Primary), .....

Second (Immediate), Peritonitis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* October 28th 15

*Undertaker,* Fred Gaede

*Place of Business,* 218 Caroline *Address,* .....

J. H. Hall M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87427 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 1885 BALTIMORE, MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* October 27/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C Parlett

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Cecil Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 168 E Cath St

*Cause of Death,* First (Primary), Diphtheria: Although well of this for a week:
Second (Immediate), Exhaustion:

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* October 29th

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 E. Eutaw

Jno D Blake M. D.
Medical Attendant.

*Address,* 151 E Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87428 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 24th 1885 4 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Morgan

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 49 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 1 day

*Place of Death,* {Give Street and Number.} St Josephs Hospital

*Cause of Death,* First (Primary), Remittent Fever,

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Acute Mania 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* E Pres Cemetery

*Date of Burial,* Oct 27/85

*Undertaker,* Geo. Rinehart

*Place of Business,* ~~Health Dept~~ *Address,* St Josephs Hospital

F. W. Mead M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87429 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

C

*Date of Death,* 27th Oct 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Kurtz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 230 Montgomery

*Cause of Death,* First (Primary), Diptheria

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 27th 1885

*Undertaker,* Armistead Jenn

*Place of Business,* 262 Leigh

H V Wiebelt M. D.
Medical Attendant.

*Address,* 101 Barre st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87430 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wilhelm

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} John's Hopkins Hos.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Pneumonia

*Duration of Last Sickness,* Four days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemtry

*Date of Burial,* Oct 26, 1885

*Undertaker,* Henry Hoerle

*Place of Business,* 384 N Central Av *Address,* Balt. & Paul. Sts.

L. G. Lucke M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87431 *Office of Registrar of Vital Statistics.* Ward 4th

HEALTH DEPARTMENT 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* October 26th 1885 1 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Beall,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* White ✓

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Traveling Salesman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pittsburg Pa

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give Street and Number.} 98 E Baltimore St

*Cause of Death,* First (Primary), Intemperance

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* Under Treatment Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Pittsburg Pa

*Date of Burial,* Oct. 28. 1885

*Undertaker,* M. A. Dager

*Place of Business,* 74 S. Broadway

A Trapp Herter M. D.
Medical Attendant.

*Address,* 88 E Balto St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3918 Forest

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87434 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie & John Wolf (Parents)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1 *Day*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 38 Gough st

*Cause of Death,* First (Primary),

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Oct 27th 1885

*Undertaker,* John Herwig

*Place of Business,* 382 Orleans st *Address,* Balto. Md

Thomas H Steele M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 87433 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 26th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Franklin Riggs

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Mechanic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 100 Tyndall ave

*Cause of Death,* First (Primary) Bronchial Catarrh & Pneumonia

Second (Immediate), Uraemic Convulsions

*Duration of Last Sickness,* about 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct 28/85

*Undertaker,* J B Cook

*Place of Business,* 707 W Balto St

W. R. McShane M. D.
Medical Attendant.

*Address,* 682 W Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87434 *Office of Registrar of Vital Statistics.* Ward 18th

HEALTH DEPARTMENT OCT 27 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche E. Burke

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 2 *Months,* *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 293 Ramsay St.

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* Oct 27/85

*Undertaker,* J. B. Cook

*Place of Business,* 907 E. Balto St *Address,* 307 N Gaston Ave

L. L. Dorsey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87435 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Hardy

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days*

*Colored*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 2 Dukes al -

*Cause of Death,* First (Primary),

Second (Immediate), General Peritonitis (apparently idiopathic)

*Duration of Last Sickness,* About two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Tuesday at 3 o'clock

*Undertaker,* Bolan Hardy

*Place of Business,* Charles & Fayette *Address,* 75 Franklin St

Geo. G. Lay M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87436

*Office of Registrar of Vital Statistics.* 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
OCT 27 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 24th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H. Kaufmann

~~*Sex,*~~ *Male or* ~~*Female.*~~ {Cross out the word not required in this line.}

*Age,* 12 *Years,* 5 *Months,* 3 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number.} 148 S Eutaw

*Cause of Death,* First, (Primary.) Scrofula

Second, (Immediate.) Anaemia

*Duration of Last Sickness,* 1 Yr

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 27th 85

*Undertaker,* [redacted] Cook

*Place of Business,* 707 W Baltimore

H. C. Smith M.D.,
Medical Attendant.

*Address,* 106 Church Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87437 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna O'Siegel

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 1406 N. Gilmore St.

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Oct. 25 1885

*Undertaker,* Henry McGinnis

*Place of Business,* 811 Central Ave *Address,* .....

John F. Lemmon M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87438 *Office of Registrar of Vital Statistics.* Ward 24

HEALTH DEPARTMENT OCT 25 1883 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 24 — 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Fisher

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* Sawyer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 190 S Spring

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Asphyxia

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery

*Date of Burial,* Oct 27th 1883

*Undertaker,* J J Locks

*Place of Business,* 473 S Monroe 91

F. G. Ellyson M. D.
Medical Attendant.

*Address,* 15 Exeter

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87439 *Office of Registrar of Vital Statistics.* Ward 16th

HEALTH DEPARTMENT OCT 29 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Zepp

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Lady

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give Street and Number.} 80 S Paca St

*Cause of Death,* First (Primary), Acute Pneumonary Tuberculosis

Second (Immediate),

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Elk Ridge Landing

*Date of Burial,* Oct 28th 1885

*Undertaker,* John S Mackie

*Place of Business,* 150 Lombard St *Address,* 76 S Paca St

J H Hurley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

Permit No. 87463 *Office of Registrar of Vital Statistics.* Ward 1 11/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1885 BALTIMORE MD

B

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Duval

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 312 Lancaster St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate) do

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem

*Date of Burial,* Oct: 28th 85

*Undertaker* G. France

*Place of Business,* 9 Paca & Wolfe Sts *Address,* .....

C. H. Martin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over.}

# Health Department, City of Baltimore.

Permit No. 87641 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Fiene

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* — *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 69 W Chapel St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Apnea

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Oct 27 1885

R W Cathell M. D.
Medical Attendant.

*Undertaker,* J Franck

*Place of Business,* Bank & Wood *Address,* 2 W Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87442 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Summers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* ~ *Months.* ~ *Days*

*Color,* colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} on Hanover St West of Hamburg

*Cause of Death,* First (Primary), Neck broken from a cope falling upon him while at work in the Cars

Second (Immediate),

*Duration of Last Sickness,* about 2 minutes Suffered

All the above information should be furnished by the Physician.

*Place of Burial,* Dundalk Cem

*Date of Burial,* Oct. 28th 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto St

W. H. Jones M. D.
Coroner
Medical Attendant.

*Address,* 326 Hollins

24 Parrish alley

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3919 Fraser [over.]

# Health Department, City of Baltimore.

Permit No. 87443 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Bayne

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} 7

*Age,* 19 *Years,* — *Months.* — *Days*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} single

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 1 week

*Place of Death,* {Give Street and Number.} 264 East Lombard St

*Cause of Death,* First (Primary), Typhoid fever

Second (Immediate), Pneumonia brought from a

*Duration of Last Sickness,* About 3 weeks ago

All the above information should be furnished by the Physician.

*Place of Burial,* West River St Mary co

*Date of Burial,* Oct 28 1885

*Undertaker,* W Bladkamp & Co

*Place of Business,* 253 E. Lombard st

Jno C Bunting M. D.
Medical Attendant.

*Address,* Brady & Pratt

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3920 Bunker

# Health Department, City of Baltimore.

Permit No. 87444 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorretto

*Sex,* ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months.* ——— *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St Vincents Asylum

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Ex-

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemy

*Date of Burial,* October 28th 1883

*Undertaker,* Moses Lake

*Place of Business,* Division St

F. J. Flannery M. D.
Medical Attendant.

*Address,* 404 Dr. Hill Ave

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87445 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Bell's Infant

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 6 *Days*

*Color,* ad

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore.* Life

*Place of Death,* {Give Street and Number.} 20 St. Mary's Pl.

*Cause of Death,* First (Primary), —

Second (Immediate), Spasms

*Duration of Last Sickness,* 2 Hrs Time

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 28/85

*Undertaker,* Alex Hendley / James A Steuart M. D.

*Place of Business,* / *Address,* Camp Near PR

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo E Bonn
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87446 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 28 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edoephine N. Cotter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 7 *Days*

*Color,* ditto

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give Street and Number.} 466 N. Fremont St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* Life Time

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 28/85

*Undertaker,* A. Hemsley

*Place of Business,*

James A Steuart M. D.
Medical Attendant

*Address,* Cumb & Va

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo Ed Brown
Laurel, Maryland

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87447 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 27 1883 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah G. Hurst

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 44 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md Co

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No. 256 Bond St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Phthisis

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Oct 28 1883

*Undertaker,* Wm S. Fry

*Place of Business,* 81 W Broadway

D. Hodel M. D.
Medical Attendant

*Address,* 1 Hanover

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87448 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 26 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Woodford Mahoney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} M

*Age,* 57 *Years,* 9 *Months.* — *Days*

*Color,* white

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} M.

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give Street and Number.} 158 Lough St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* six months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* Oct 29th 85

*Undertaker,* G. France

*Place of Business,* 2 Jas & Wolfe St *Address,* Bond Pratt

Signature M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to [illegible] Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. 18

Permit No. 87449 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 27 1885 BALTIMORE

## CERTIFICATE OF DEATH.

a

*Date of Death,* October 25th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Fritz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* 9 *Months,* — *Days*

*Color,* V

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} # 30 Gilgath st

*Cause of Death,* First (Primary), Pneumonia Double

Second (Immediate), Prostration

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Oct. 29th 1885 C. L. Buddenbohm M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross, *Address,* 416 S. Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department of Baltimore.

Permit No. 87450 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Female

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 hours ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} 3 E. Hughes St

*Cause of Death,* First (Primary),

Second (Immediate), Imperfect Development / Debility

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Ho. Redeemer Cem

*Date of Burial,* Oct. 27 th 1885

*Undertaker,* Julius Koehler

*Place of Business,* Sharpe Bros *Address,* 46 Dawson St

Medical Attendant. M. D.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87459 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 188 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* October 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Williams

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* 6 *Months.* 15 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore.* 39 Years

*Place of Death,* {Give Street and Number.} 33 W Biddle Street

*Cause of Death,* First (Primary), Phthisis

Second (Immediate), Congestion Lungs & extreme exhaustion

*Duration of Last Sickness,* 3 or 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 30th 85

*Undertaker,* H. W. JENKINS & SONS

*Place of Business,* UNDERTAKERS Park & Saratoga Sts.

C B Gamble M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

9

Permit No. 84782

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate; *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 188[illegible] BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 26, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline L. Whitridge

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 26 *Years,* 10 *Months,* 9 *Days.*

*Color,* White *Sex,* F.

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* A Lady

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Norfolk, Virginia

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} 217 St. Paul Street

*Cause of Death,* First (Primary,) Pregnancy; incessant Vomiting, & exhaustion from

Second (Immediate,) Starvation. since Aug. 5, 1885

*Duration of Last Sickness,* 1 mos 21

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct 29th-85

W. J. Howard M. D.
Medical Attendant.

*Undertaker,* H. W. JENKINS & SONS
UNDERTAKERS
Park & Saratoga Sts.

*Place of Business,*

*Address* 181 Madison Ave

---

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Health Department, City of Baltimore.

Permit No. 87453 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 27, 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hinze

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* 8 *Months,* *Days*

~~*Color*~~,

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Kurhessen Germany

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give Street and Number.} 356 W. Donogh St.

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Pr. Ass't Ground

*Date of Burial,* Oct 29 1883

*Undertaker,* Henry Steck

*Place of Business,* 809 N. Central Ave

W. H. White, M. D.
Medical Attendant.

*Address,* 631 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87454 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 28 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Hartmon

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Seamstress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland - 40 yrs in Am.

*Duration of Residence in the City of Baltimore,* 25 yrs.

*Place of Death,* {Give Street and Number.} St Joseph's Hospital

*Cause of Death,* First (Primary), Bronchitis

Second (Immediate), Exhaustion Inflammation

*Duration of Last Sickness,* 3 wks 2

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* Oct 29/85

*Undertaker,* Henry Hoech

*Place of Business,* 309 N Gay

Adam J. Kelly M. D.
Medical Attendant.

*Address,* 188 W Saratoga

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8745 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Kniekandt

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 57 years

*Place of Death,* {Give Street and Number.} 107 East Madison St.

*Cause of Death,* First (Primary) Old age

Second (Immediate), Congestion of the lungs

*Duration of Last Sickness,* about 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 28th

*Undertaker,* George Schilling

*Place of Business,* Rutland Square

Milton N. Taylor M. D.
Medical Attendant.

*Address,* 38 E. Madison St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8452 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE OCT 28 188

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Clifford

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* *Months.* 7 *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} Linstead St. near Pappleton

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 28th 1885

H. M. Wilson *M. D.*
Medical Attendant.

*Undertaker,* J. W. Leonard & Son

*Place of Business,* 782 W Baltimore *Address,* 251 Mad Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87457 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 27th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Jones

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days*

*Color,* colored

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} Aged Men & Women's Home 93 Lee

*Cause of Death,* First (Primary),

Second (Immediate), Paralysis

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Church Home

*Date of Burial,* Oct 27 - 1885 -

*Undertaker,* S Wchase

*Place of Business,* 198 Howard st

E. M. Hall M. D.
Medical Attendant.

*Address,* 262 Lee st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8745 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 28 188 BALTIMORE

*Date of Death,* Oct 27th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lucy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 6 Constitution

*Cause of Death,* First (Primary), Chronic Bronchitis

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Oct 28 1883

Leo J Rainor M. D.
Medical Attendant.

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Fayette *Address,* 97 W. Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8469 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 27th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George M. Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 1 *Months,* *Days*

*Color,* White

*~~Married~~, Single, Widow ~~or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 7 Bruce St

*Cause of Death,* First (Primary), Disease of the Heart (Mitral)

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* ~~1 year~~ 6 mth

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 29 1883

*Undertaker,* Jos B Cook

*Place of Business,* No 707 N Balt St *Address,*

Dr. Ricketts *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87460 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 27, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Webster

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* About 30 *Years,* ~~ *Months,* ~~ *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

*Occupation,* General Housework.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Jasper St Baltimore Md.

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 111 Jasper St Baltimore Md.

*Cause of Death,* {First (Primary), Phthisis Pulmonalis.
Second (Immediate),}

*Duration of Last Sickness,* Since Dec. 26. 85

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. St Peters

*Date of Burial,* Oct 28th 1885

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard

Geo. C. Shannon M. D.
Medical Attendant.

*Address,* 167 W. Biddle st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 8746 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 28 188
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ayuram Smith

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* ——— *Months,* ——— *Days,*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housework

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* {Give street and Number.} 166 Tyson St

*Cause of Death,* First, (Primary,) Tuberculosis, pulmonary.

Second, (Immediate,) asthenia.

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Oct 29th 85

*Undertaker,* Wm J Gray

*Place of Business,* 66 Marley

Walter B. Platt M. D., Medical Attendant.

Address, 165 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87462 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 26 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florida E Gorman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Montgomery Co. Md

*Duration of Residence in the City of Baltimore,* 30 Yrs

*Place of Death,* {Give Street and Number.} 133 Saratoga St

*Cause of Death,* First (Primary), Chronic Nephritis

Second (Immediate), Dropsy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lincoln Park

*Date of Burial,* Oct 28/95

*Undertaker,* Denny & Mitchell

*Place of Business,* 533 W Fayette

H. H. Cochran M. D.
Medical Attendant.

*Address,* 1216 Linden Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87463 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 28 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burnett W Lowell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 151 N Stricker St

*Cause of Death,* First (Primary), Phthisis Pulm.

Second (Immediate), " "

*Duration of Last Sickness,* I suppose at least 18 mo or more

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 29/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 N Fayette

Elias C Price M. D.
Medical Attendant.

*Address,* 267 Madison

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87464 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1895 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Schickner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 4 *Months,* 25 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 376 S. Charles St

*Cause of Death,* First (Primary), Acute Rheumatism

Second (Immediate), " Carditis.

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Oct 28

*Undertaker,* Barnard

*Place of Business,* 82 West St

I. C. Burch M. D.
Medical Attendant.

*Address,* 15 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 5746 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 23 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27th /85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Wood

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 19 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 47 Garrett Ave

*Cause of Death,* First (Primary), .....

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Oct 28th 1885

*Undertaker,* B. Harle

*Place of Business,* No 82 West st

James H Kemp M. D.

Medical Attendant

*Address,* Long & R

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 57466 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 26 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 24 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dave Washington

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* ..... *Months.* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore.* 5 Years

*Place of Death,* {Give Street and Number.} 612 Brunt

*Cause of Death,* First (Primary), .....

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Oct [redacted] 1885

*Undertaker,* Wm E Bungee

*Place of Business,* 62 East St

Jno C Warner M. D.
Medical Attendant.

*Address,* 250 ? Thread

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

# Health Department, City of Baltimore.

Permit No. 87467 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, OCT 28 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* October 27 - 188[illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Eberhardt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 6 *Months,* 27 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* with

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Canton - Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 102 Patterson Street Canton

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Cerebral Congestion -

*Duration of Last Sickness,* 4 days (nearly)

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Oct. 29 [illegible]

*Undertaker,* G. Brand

*Place of Business,* Pratt & Wolfe Sts *Address,* 119 East Pratt Street

Alfred Whitehead M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Returns below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87468 *Office of Registrar of Vital Statistics* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 27 "85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Ford

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* — *Days*

*Color,* Wht.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Gardener

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} No. 9 N. Lombard St.

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 5 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balt. Cor. Cem.

*Date of Burial,* Oct 28 "85

*Undertaker,* Geo. Rinehart

*Place of Business,*

Alexander Hill, M. D.
Medical Attendant.

*Address,* Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87469 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the prompt filing of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 28 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Oct. 28. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Hughes

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 2 yrs.

*Place of Death,* {Give Street and Number.} # 74 E. Poppleton Street

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheritic Croup

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemty.

*Date of Burial,* Oct 29/85

*Undertaker,* J. B Cook

*Place of Business,*

C. W. Nelf M. D.
Medical Attendant.

*Address,* 306 W. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Health Department, City of Baltimore.

Permit No. 87470 *Office of Registrar of Vital Statistics,* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 23 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Octo. 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Randerer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 79 *Years,* 8 *Months,* 23 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Butcher by trade

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* 79. 8, 23,

*Place of Death,* {Give Street and Number.} 287. Sharp st

*Cause of Death,* First (Primary),

Second (Immediate), Old age

*Duration of Last Sickness,* Some time

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 30th

*Undertaker,* M. I. Dill

*Place of Business,* 183 Columbia Av

R. C. Lee M. D.
Medical Attendant.

*Address,* Hanover st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 87471 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 28 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 28th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Kuffs.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* 11 *Months,* 17 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* House keeping

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give Street and Number.} 82 Aisquith St.

*Cause of Death,* First (Primary), Cancer of the Uterus

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* Oct 30/85

*Undertaker,* Wm. J. Treasurer

*Place of Business,* 165 S. Eutaw St *Address,* 226 Mulberry St

Louis Lee Hinn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87472 — *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the prescription upon this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 28/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beulah Ryan.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* 2 *Years,* 5 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life residence

*Place of Death,* {Give Street and Number.} # 15-8 Mc Henry St.

*Cause of Death,* First (Primary), .

Second (Immediate), Diphtheria.

*Duration of Last Sickness,* Three (3) weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* October 30

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Baltimore St

Louis W. Knight M. D.
Medical Attendant.

*Address,* 112 N Greene St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87473 *Office of Registrar of Vital Statistics* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 24 1885 BALTIMORE MD.

28

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M. Williams

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Two — *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* Three months

*Place of Death,* {Give Street and Number.} 89 Partains St

*Cause of Death,* First (Primary), ~~Pte~~ Croup

Second (Immediate),

*Duration of Last Sickness,* Three days —

All the above information should be furnished by the Physician.

*Place of Burial,* western cemetery

*Date of Burial,* Oct 29th

*Undertaker,* John Lowman

*Place of Business,* 89 Partains St

B. F. Phillips M. D.
Medical Attendant.

*Address,* 311 N. Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87474 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 28. 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles & Mary Hassen Parents

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months.* 2½ hours *Days*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 11 Eagle St,

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give Street and Number.} 11 Eagle St,

*Cause of Death,* First (Primary), Premature birth.

Second (Immediate), Suffocation

*Duration of Last Sickness,* since birth.

All the above information should be furnished by the Physician.

*Place of Burial,* western cemetery

*Date of Burial,* Oct 29th

*Undertaker,* John J Lowman

*Place of Business,* 89 Hillman St

C. R. Wilson M. D.

Medical Attendant.

*Address,* 837 W. Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87475 *Office of Registrar of Vital Statistics* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Pierson

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 21 *Years,* 7 *Months* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Tinsmith

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} ~~Loudon~~ 174 Woodward

*Cause of Death,* First (Primary), Tuberculosis

Second (Immediate), Asthenia

*Duration of Last Sickness,* 9 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Oct 30th 1885

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans *Residence,* 143 N. Exeter

D. Shutt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF THE REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
OCT 29 1885
BALTIMORE MD.

12

Permit No. 87476

The Physician who attended any person in a last illness is responsible for the prosecution of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Catherine D'Ammark

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 60 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow ✓

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Alexandria Va 7 years

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 548 Druid Hill Avenue

*Cause of Death,* First, (Primary,) Embolism Causing Paralysis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Alexandria Va

*Date of Burial,* Oct 29th 1885

P. S. Fuller M. D.
Medical Attendant.

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave *Address,* 507 N Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3922 Barnett

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87477 *Office of Registrar of Vital Statistics* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of Death Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 27. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Emig

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 47 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow ?

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Pa.

*Duration of Residence in the City of Baltimore,* 7 month,

*Place of Death,* {Give Street and Number.} 467 Lauralt

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), "

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* York Penna

*Date of Burial,* Oct 27th

*Undertaker,* C. H. Blizard

*Place of Business,* Coe Wilkins Penn *Address,* 179 N. Howard

Thomas Opie M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3923 Barnett

# Health Department, City of Baltimore.

Permit No. 87478 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26—85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} —

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* About 21 *Days.*

*Color,* Col.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} — was found by Off. McGee on Harg

*Cause of Death,* First (Primary), Capillary Bronchitis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* Oct 29/85

*Undertaker,* Geo. Ritchard

*Place of Business,* Health Dept

Alexander Hill M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87479 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 27 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R. Gilley.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months.* 4 hours ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore.* since birth.

*Place of Death,* {Give Street and Number.} 531 Harford ave.

*Cause of Death,* First (Primary), .....

Second (Immediate), Premature birth.

*Duration of Last Sickness,* 4 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balt. Cemetery

*Date of Burial,* Oct 29 1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Dept *Address,* 139 N. Calvert St.

George A. Rohé, M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87480 *Office of Registrar of Vital Statistics* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 29th '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo A. Schwab

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 50 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* B & O. R R Employee

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Fracture of skull

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn

*Date of Burial,* Oct 29 1885

C. W. Mitchell M. D.
Medical Attendant.

*Undertaker,* E. F. Kramer & Son

*Place of Business,* 209 Hanover *Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87481 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the present filing of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, OCT 3 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 29th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give name of parents. } Theodore Miller

*Sex, Male ~~or Female,~~* { Cross out the word not required in this line. }

*Age,* 18 *Years,* *Months,* 7 *Days,*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* { Cross out the word not required in this line. }

*Occupation* Glass Blower

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany 38 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } # 36 Hilliard St

*Cause of Death,* First (Primary), Hemorrhage of Lung

Second (Immediate), 3 hs Illness

*Duration of Last Sickness,*

the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* October 29

*Undertaker* W. Hall

*Place of Business,* 82 North St

Geo. W. Simms M. D.
Medical Attendant.

*Address,* 144 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87482 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT
DEC 3 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stack

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~ Years, 5 Months, ~~ Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 135 N Chapel st

*Cause of Death,* {First (Primary),} /

{Second (Immediate),} Convulsions

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Oct 29th 1885

*Undertaker,* Vincent Frost

*Place of Business,* Castle & Jefferson *Address,* Cam N.W. & R

Geo. H. Lewis M. D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 87483 *Office of Registrar of Vital Statistics* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1883 BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 27th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E. Laffley

*~~Sex, Male or Female,~~* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* 25 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth,} Brooklyn N. York

*Duration of Residence in the City of Baltimore,* Lifted

*Place of Death,* {Give Street and Number.} 124 Gough St -

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 5 mos -

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Oct 29. 1883

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 & 6 Gay St *Address,* 36 Gough St

S. N. Hunter M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87484 *Office of Registrar of Vital Statistics,* Ward 15

HEALTH DEPARTMENT OCT 29 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 27th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lancaster

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* ——— *Months,* ——— *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Salisbury Md

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} 95 Block A.

*Cause of Death,* First (Primary), Apoplexy ?

Second (Immediate), Oedema of Lungs

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cemetery

*Date of Burial,* Oct 29th 1885

*Undertaker,* Jas W Thaes

*Place of Business,* 198 S Howard St *Address,* 170 S Charles

D. H. Carroll M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT RECEIVED BALTIMORE

Permit No. 87485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 28/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Johnson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 10 Hours *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 40 Diamond St., City.

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 40 Diamond St.

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) During Life

*Duration of last Sickness,* During Life

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* Oct 29 1885

Edw B Kidder M. D.
Medical Attendant.

*Undertaker,* S W Chase

*Place of Business,* 19 S Howard

*Address,* 57 Harlem Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87486 *Office of Registrar of Vital Statistics.* 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 10 55 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Carruthers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 4 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 885 W. Baltimore St

*Cause of Death;* First (Primary),

Second (Immediate), Endocarditis

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct. 30/85

*Undertaker,* Denny & Mitchell

*Place of Business,* 330 W. Fayette.

W. R. McAleer M. D.
Medical Attendant.

*Address,* 582 N. Fayette

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

6

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87487 *Office of Registrar of Vital Statistics.* Ward 18/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Jones

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 295 Ramsey Av

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Few weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Dunkin Hill Cemetery

*Date of Burial,* Oct 30th 1885

*Undertaker,* S. M. Leonard & son

*Place of Business,* 782 W. Baltimore St *Address,* 311 N Lombard St

W. T. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87488 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation to the Undertaker of a correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Oct 28. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Matilda Hatchell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 11 *Years,* 2 *Months,* 28 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* XXX

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 398 E Fayette St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 30th 1885

*Undertaker,* H. A. Hayes

*Place of Business,* 74 S. Bway,

Ernest E Ernicke M. D.
Medical Attendant.

*Address,* 399 E Balt St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 87489 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 29 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Peters

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 + *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single~~ ~~Widow~~ or ~~Widower~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} ~~Carcinoma Uteri~~ 90 North St

*Cause of death,* First, (Primary,) Carcinoma Uteri

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* About three years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 30th 85

*Undertaker,* J E Mungle & Co

*Place of Business,* 298 Lanvale St

Hoffroth M. D.,
Medical Attendant.

*Address,* 205 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87490 *Office of Registrar of Vital Statistics*, Oct 19 (

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Gray Hilton

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 5 *Months,* 27 *Days*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md. ——

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 36 N Stricker

*Cause of Death,* First (Primary), Tuberculous Meningitis

Second (Immediate),

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Oct 30th 1885

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave *Address,*

H. G. Hutchinson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87491 *Office of Registrar of Vital Statistics* Ward 2 C

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 29 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Gustumski

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 47 years

*Place of Death,* {Give Street and Number.} * 216 S. Bethel St

*Cause of Death,* First (Primary), Labor

Second (Immediate), Shock

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* H. Ev. Lutheran Cemetery

*Date of Burial,* October 30. 85 John H. Kelberger M. D.

*Undertaker,* Fr Ward & Co Medical Attendant.

*Place of Business,* 215 S Bond St *Address,* 243 Aliceanna St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87492 *Office of Registrar of Vital Statistics.* Ward 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. F. Tousley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 9 *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Manufacturer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 37 yrs.

*Place of Death,* {Give Street and Number.} 61 Aisquith St.

*Cause of Death,*
First (Primary), Phthisis Pul.
Second (Immediate), Apnoea

*Duration of Last Sickness,* Four Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 30th 1885

*Undertaker,* Hy W. Mears

*Place of Business,* 22 W. Fayette St *Address,* 51 S Broadway

E. J. Mullen M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 67493 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 28th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Saunders

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* / *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* housework

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 57 N. Carlton

*Cause of Death,* First (Primary), Puerperium

Second (Immediate), Hemorrhagia, Oedema pulmonum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Oct. 30, 85

*Undertaker,* Henry McGroarty

*Place of Business,* #811, Eutaw *Address,* City

[signature] M. D.
Medical Attendant.

2[illegible] Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87494 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Thursday Oct 29th 1885 11.12 o'clock A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jestena O'Conner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Since birth or during life time

*Place of Death,* {Give Street and Number.} No 80 Luzern St

*Cause of Death,* First (Primary), Dentition

Second (Immediate), Marasmus

*Duration of Last Sickness,* 4 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Oct 31, 1885

*Undertaker,* Wm McGinnis

*Place of Business,* 8 N Central Ave *Address,* 28 O'Donnell St

J E Prichard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87495 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE MD

*Date of Death,* Oct 28. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stephenson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* Wht

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 3 mos

*Place of Death,* {Give Street and Number.} No. 37 Little George St

*Cause of Death,* First (Primary), consumption of lungs

Second (Immediate),

*Duration of Last Sickness,* 6 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Pennsylvania Pa

*Date of Burial,* Oct 30/85

*Undertaker,* Chas. T. Devries

*Place of Business,* 271 N. Eutaw *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3925 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87496 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 28th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hollingsworth White

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* (63) Sixty three *Years,* ..... *Months.* ..... *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

*Occupation,* Lady.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give Street and Number.} No 87. Chase St. Baltimore Md.

*Cause of Death,* First (Primary), Billiary Calculi.

Second (Immediate), Exhaustion from Disease of the Liver

*Duration of Last Sickness,* about thirteen 13. Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Ft E Emmanuel

*Date of Burial,* Oct 30th 85

*Undertaker,* H. W. JENKINS & SONS UNDERTAKERS Park & Saratoga Sts.

*Place of Business,*

W. Chew Bibler M. D.
Medical Attendant.

*Address,* 47. Franklin St. Balto

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87497 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~deliberately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Name Letter Child Bridgit Hever

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* a few minutes *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Plasterer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} No 317 Linden Ave.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 317 Linden Ave.

*Cause of Death,* First (Primary), Fell upon the floor at the moment

Second (Immediate), of delivery from her mother, the Child being sixteen years a boy.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Reserved as an

*Date of Burial,* Anatomical Specimen

~~*Undertaker*~~, Dr. E. T. Earle

*Place of Business,*

Saml. T. Earle M. D.
Medical Attendant.

*Address,* No 317 Linden Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

The special attention of Physicians is respectfully invited to the [illegible]

# Health Department, City of Baltimore.

Permit No. 87498 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Hudson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} No 108 E Fayette st

*Cause of Death,* First (Primary), Unwell for years

Second (Immediate), Consumption

*Duration of Last Sickness,* 4 or 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 31 1885

*Undertaker,* Wm J Schaffer

*Place of Business,* 165 Front St

H. Ridgway Brune M. D.
Medical Attendant.

*Address,* 121 E Baltimore st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87499 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1887 BALTIMORE MD

*Date of Death,* Oct. 29th 1887

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jr. Fallon

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 23 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Bar tending

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 45 Valley st

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis Pulmonalis

*Duration of Last Sickness,* 10 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cy.

*Date of Burial,* Nov 2nd 1887

*Undertaker,* Chas Bruce

*Place of Business,* 657 Lexington *Address,*

Geo Fowke Bayne M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of [redacted] is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87500 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE, MD. OCT 30 1895

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 29th 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pipiania Canal

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months.* *Days*

*Color,* White.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Worked at Wilkins Hair factory.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Wash. D.C.

*Duration of Residence in the City of Baltimore,* Five years

*Place of Death,* {Give Street and Number.} 26 Union st. (near Fulton)

*Cause of Death,* First (Primary), Emphysema

Second (Immediate), Heart (embolism) of

*Duration of Last Sickness,* about one week.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* October 31

*Undertaker,* M. J. Paulus.

*Place of Business,* 66 Frederick av.

Truman F Hill M. D.
Medical Attendant.

*Address,* 17 N. Fulton st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 12101

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8750 1 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 29. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Frederick Kilbourn

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Yeyrs,* ..... *Months,* Four *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} No 157 E Biddle Street

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 157 E. Biddle Street

*Cause of Death,* First (Primary), .....

Second (Immediate), Infantile Eclampsia

*Duration of Last Sickness,* One half day.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 30 1885

*Undertaker,* John W Jackson

*Place of Business,* 20 S Eutaw St

This woman was attended in this Childs by me being a midwife

J. T. Markert M. D.

Medical Attendant.

*Address,* Belair Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. 87502

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87502 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE MD

*Date of Death,* October 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Sullivan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Contractor.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 43 years

*Place of Death,* {Give Street and Number.} 70 W. Preston st

*Cause of Death,* First (Primary), Phthisis Pulmonalis.

Second (Immediate),

*Duration of Last Sickness,* several years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Oct 31/85

*Undertaker,* J. B. Cook

*Place of Business,* 7 & 9 N. Calvert

C. O'Donovan M. D.
Medical Attendant.

*Address,* 115 W. Monument st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 87303

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87303 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 28 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Kaufmann

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Butcher

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 37 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 194 Mulberry St

*Cause of Death,* First (Primary), Aneurism of Arch Aorta

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* Few Mints

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Oct. 30 th 1883

*Undertaker,* John Keenig

*Place of Business,* 382 Orleans *Address* 184 Cor South

Hall Rulland M.D.
Medical Attendant

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 18074

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87304 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 30 1888 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 29th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nichols Howard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 94 *Years.* *Months.* *Days*

*Color,* colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 93 Lee St.

*Cause of Death,* First (Primary),

Second (Immediate), Bronchitis

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mark St. Cemetery

*Date of Burial,* Oct 30th 1888

*Undertaker,* Basil W. Chase

*Place of Business,* 190 S. Howard St. *Address,* 262 Lee St.

R. M. Hace M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 87505

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87505 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1905 BALTIMORE, MD.

*Date of Death,* Oct 29, 1905

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane L Ormes Spenchley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 310 Cathedral St.

*Cause of Death,* First (Primary), Fatty degeneration of heart.

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct 31st 1905

*Undertaker,* H. W. JENKINS & SONS

UNDERTAKERS

Park & Saratoga Sts.

*Place of Business,*

Howard Hall M. D.

Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87506 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE MD

*Date of Death,* Oct 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bond

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 74 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* House work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 164 George St

*Cause of Death,* First (Primary), Senile decay

Second (Immediate), Asphyxia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Oct. 30th '85

*Undertaker,* M. Cadogan

*Place of Business,* 29 Hamburg St *Address,* 4 Edmondson Ave

J H Buchanan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

3 4

*Permit No.* 87507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE MD

*Date of Death,* Oct 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Paulus Ruehl

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 2 *Months,* 3 *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 44 Years.

*Place of Death,* {Give street and number.} 33 S Bethel St

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,)

*Duration of Last Sickness,* 2 Week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews Cem.

*Date of Burial,* Nov 1st 1885

*Undertaker,* Leonhard Ritz

*Place of Business,* 131 S. Broadway

E J Way M. D.
Medical Attendant.

*Address* 19 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 87508

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87508 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 30 1888
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 29, 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Wacker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 1 *Months,* 2 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ball

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 89 Warner st

*Cause of Death,* First (Primary), Diptheria

Second (Immediate),

*Duration of Last Sickness,* One weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 30th 1888

*Undertaker,* Chunn & Owings

*Place of Business,* 263 Eighth M

169 N Hebert M. D.
Medical Attendant.

*Address,* 111 Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87509 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE MD.

*Date of Death,* 29th October 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regana Fabel

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 67 *Years,* 4 *Months.* 19 *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Regina Fabel

~~Occupation~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 45 Jear

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 32 S. Cary-str

*Cause of Death,* First (Primary), Carbunkels

Second (Immediate), Blood-poisoning

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 1/85

*Undertaker,* Wm Weaver

*Place of Business,* 4 Eutaw

F. A. Boehm, M. D.
Medical Attendant.

*Address.* 114 Hanover Str.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 87510

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87510 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 29th 7.30 A M

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mike Huston

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 35 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Shoemaker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} City Hospital

*Cause of Death,* First (Primary), Fusiform Aneurism Ascending Aorta

Second (Immediate), Rupture of Aneurism into pericardial Sac

*Duration of Last Sickness,* Few Minutes probably

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cty

*Date of Burial,* Oct 31/85.

E Van Stort M. D.
Medical Attendant.

*Undertaker,* .....

*Place of Business,* ..... *Address,* City Hosp.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 87511 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 29th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Monroe Sindall

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Two *Months,* 19 ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 235 N. Calhoun St

*Cause of death,* First, (Primary,) Cap Bronchitis

Second, (Immediate,) ———

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Oct 30th 1885

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont St

Addison C. Fox M. D.,
Medical Attendant.

*Address,* 57 N Paca Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87512 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

*Date of Death,* Oct. 29

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary [illegible]

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days*

*Color,* Black -

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} 86 Rutting et.

*Cause of Death,* First (Primary), Double Pneumonia.

Second (Immediate), Asphyxia + Exhaustion.

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery.

*Date of Burial,* Oct 31 1885

*Undertaker,* Hercules Bros

*Place of Business,* 95 E. Pratt St *Address,* Taylor + Bro

J. E. Atkinson M. D.
Medical Attendant.

HEALTH DEPT. OCT 30 188[illegible] BALTIMORE MD.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87573 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. OCT 30 1885 BALTIMORE MD

## CERTIFICATE OF DEATH

*Date of Death,* Oct 27 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bryant Wm

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 15 *Months.* *Days* 1

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 15 months

*Place of Death,* {Give Street and Number.} 114 Welcome alley

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St cemetery

*Date of Burial,* Oct 31 1885

*Undertaker,* Hercules Ross

*Place of Business,* 75 Con Way St

E. Buchan M. D.
Medical Attendant.

*Address,* 158 S Howard st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87514 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

BOARD OF HEALTH
OCT 30 1886
BALTIMORE MD.

*Date of Death,* Oct. 29th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mayanie Taylor

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* *Days*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* House work

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Westmoreland Co Va.

*Duration of Residence in the City of Baltimore,* Two yrs.

*Place of Death,* {Give Street and Number.} Maternity Hospital

*Cause of Death,* First (Primary), Carcinoma Mamma

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 1st months

All the above information should be furnished by the Physician.

*Place of Burial,* Ridgetown Westmoreland Co Va

*Date of Burial,* Oct 31

*Undertaker,* H. Rees

*Place of Business,* ——— *Address,* ———

C. B. Wallace M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3926 Transit

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 87575 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE, MD

*Date of Death,* Oct 29th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E Bond

*Sex, Male or Female,* { Cross out the word not required in this line. } female

*Age,* 47 *Years,* ..... *Months,* ..... *Days,*

*Color,* Colored

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 117 Sterling St

*Cause of Death,* First, (Primary,) Cancer

Second, (Immediate,) .....

*Duration of Last Sickness,* 3 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial.* Oct 30th 1885

*Undertaker,* Wm A Gunn

*Place of Business,* 62 East St.

David V. Mayer M. D.,
Medical Attendant.

*Address,* 197 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That wherever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87576 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

*Date of Death,* Oct 30th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert S[illegible]

~~Sex~~, *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

*Age,* 7 *Years,* 1 *Months,* 3 *Days*

*Color,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 115 Parkin St.

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemet.

*Date of Burial,* Oct 31/85

*Undertaker,* Poole

*Place of Business,* 163 Columbia Av *Address,* 359 Barre St

J. Glen Smith M. D.
Medical Attendant.

CHARLIE DEPARTMENT
OCT 30 1885
BALTIMORE MD

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8757

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87577 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Cecelia Bell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 31 *Years,* 4 *Months,* 13 *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housekeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 280 N Bond

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* About three years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct. 31. 1885

D W Cathell M. D.
Medical Attendant.

*Undertaker,* Wm H Hickmon

*Place of Business,* 234 N. Gay St *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 17310

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87578 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE MD

*Date of Death,* Oct. 28/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude -

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 2 1 *Days*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto -

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

**All the above information should be furnished by the Physician.**

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* Oct 31st 1885

*Undertaker,* Moses Lake

*Place of Business,* Division St. *Address,* Harlem av. Calhoun st.

R. McSherry Goldsmith M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 87579

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

**Permit No.** 87579 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 29/85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard, H

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* —— *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus.

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

**All the above information should be furnished by the Physician.**

*Place of Burial,* New Cathedral Cemy

*Date of Burial,* Oct 31st 1885

*Undertaker,* Moses Lake

*Place of Business,* Division St.

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem ave Calhoun St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 87520

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87520 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Baker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 170 Sterling st

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 20 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Oct 31 1885

*Undertaker,* Henry Hosek

*Place of Business,* 309 W Pratt *Address,* 13 Orleans St

L D Guff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 87521

*Office of Registrar of Vital Statistics*

16

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT OCT 30 1885 BALTIMORE, MD.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF ~~DEATH~~.

*Date of Death,* Oct 29th 85

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Myrtle McMurray

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower.~~* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto. Md.

*Duration of Residence in the City of Baltimore,* Whole Life

*Place of Death,* { Give street and number. } 215 Conway St.

*Cause of Death,* { First, (Primary.) Malignant Intermittent / Second, (Immediate.)

*Duration of Last Sickness,* 1 wk

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 31st 85

*Undertaker,* P L Shafer

*Place of Business,* 109 N. Fremont

R. C. Smith M.D.,
Medical Attendant.

*Address,* 106 Columbia Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8529

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87522 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 31 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brown

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 9 *Months,* *Days*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 30 Bath St

*Cause of Death,* First (Primary), Cerebro Spinal meningitis

Second (Immediate),

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Cathearal C. I.

*Date of Burial,* Octo 31 1885

*Undertaker,* Margaret Dye

*Place of Business,* 69 mulberry St

Jno. G. Layr M. D.
Medical Attendant.

*Address,* 75 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87523 *Office of Registrar of Vital Statistics.* Ward 17th

HEALTH DEPARTMENT OCT. 31 1895 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 31st 1895.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Freburger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Town

*Duration of Residence in the City of Baltimore,* Entire time

*Place of Death,* {Give Street and Number.} 924 04 Pratt st

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Prostration

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Oct 31

*Undertaker,* J. Hurle

*Place of Business,* 82 West Pratt *Address,* 166 S. Paca st

C. L. Guddeborn M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 27. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lauer Dorsey

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

*Age,* thirty seven *Years,* mm *Months,* mm *Days.*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Lumber merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,* mm

*Place of Death,* {Give street and number} 214 Aisquith St.

*Cause of Death* {First, (Primary,)} Syphilis Form

{Second, (Immediate,)} Anthrax.

*Duration of last Sickness,* 3 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct 30 1885

*Undertaker,* H. M. Hickman

*Place of Business,* 234 N. Gay

D. C. Ireland M. D.
Medical Attendant.

*Address,* 208 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore.

Permit No. 87525 *Office of Registrar of Vital Statistics.* Ward 7

HEALTH DEPARTMENT OCT 21 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 20 - 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones

*Sex,* Male ~~or Female.~~ {Cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days,*

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death.* {Give street and Number.} 42 E. Preston St

*Cause of Death.* First (Primary), Remittent Fever

Second (Immediate). Asthenia

*Duration of Last Sickness,* About two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetary

*Date of Burial,* 1st November

J. B. Schwatka M. D.

Medical Attendant.

*Undertaker* Sprenkle & Oertel

*Place of Business,* 210 E. Balt. st. *Address,* Cor Bway & Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87526 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 29 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* ..... *Months,* ..... *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 51 years

*Place of Death,* {Give Street and Number.} 61 Russell St.

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), Dropsy

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Nov 1st 1885

L. M. Hall M. D.
Medical Attendant.

*Undertaker,* Alex Hennessey

*Place of Business,* 116 Orchard St *Address,* 262 Stark St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8732

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# Health Department, City of Baltimore.

Permit No. 87527 *Office of Registrar of Vital Statistics.* Ward 19th

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 30th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Walter Compline

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, 17 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} N. W. Cor Franklin & Fayette St

*Cause of Death,* First (Primary), "

Second (Immediate), Congestion of Brain

*Duration of Last Sickness,* Two (2) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Nov 1st 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 22 W. Fayette St

A. O. Gibson M. D.
Medical Attendant.

*Address,* 38 W Lanvale St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87528 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE OCT 31 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederica Keber

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* 6 *Months.* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 yrs.

*Place of Death,* {Give Street and Number.} 852 E. Fayette St.

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 2 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 1st 1885 E. L. Buns M. D.

*Undertaker,* John Herring Medical Attendant.

*Place of Business,* 382 Orleans St *Address,* 375 E. Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87529 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas H. Meixell

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 40 Yrs

*Place of Death,* {Give street and number.} # 9 Waverley Terrace

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Ch. Bright's Disease

*Duration of Last Sickness,* 6 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Nov. 1, 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 330 W Fayette

Geo H. Epler M. D.,

Medical Attendant.

*Address,* 1 Waverley Terrace

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87530 *Office of Registrar of Vital Statistics.* Ward 15-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* October 29. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth T. Johnson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 49 *Years,* 5 *Months,* 23 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Washington, D. C.

*Duration of Residence in the City of Baltimore,* Nearly all life-

*Place of Death,* {Give Street and Number.} 55 Conway st.

*Cause of Death,* First (Primary), Consumption-

Second (Immediate), General Exhaustion of vital forces-

*Duration of Last Sickness,* Nearly four years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Nov. 1 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W. Fayette

E. H. Holbrook M. D.
Medical Attendant.

*Address,* 185 N. Carey st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8753 / *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE OCT 31 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* 9. 30th / 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Hunter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 6 *Months.* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Infant

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* 2 yrs. 6 mos

*Place of Death,* {Give Street and Number.} 19 N. Pathfinder St

*Cause of Death,* First (Primary), Malignant Diphtheria

Second (Immediate), Asphyxia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Oct. 31 1885

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 467 N. Fayette

L. Dittus M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8753½ *Office of Registrar of Vital Statistics,* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 31 1883

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 30th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conny McCauley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* *Months.* *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} W. Va.

*Duration of Residence in the City of Baltimore,* 4 yrs.

*Place of Death,* {Give Street and Number.} 718 Block S. (H)

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Asphyxia from Obstruction

*Duration of Last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct. 31/83

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* Same

J. G. Mathis M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87553 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 30th October 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Emiels

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 42 *Years,* ... *Months,* ... *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co.

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give Street and Number.} 26 Winters St.

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Congestive Chill

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Oct 31st 1885

*Undertaker,* Saml W. Chase

*Place of Business,* 192 S. Howard St *Address,* 1146 Hill St

J. D. Daly M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87534 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 31 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* one time

*Place of Death,* {Give Street and Number.} 1088 E Eastern Ave.

*Cause of Death,* First (Primary),

Second (Immediate) Diphtheritic Croup

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* St Samuels Cemetery

*Date of Burial,* Oct 30th 85

*Undertaker,* John C. Kline

*Place of Business,* 365 Aliceanna Address, 1240 Broadway

D. Hillis M. D., Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 87635 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the present ~~duty of this Certificate~~, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT BALTIMORE MD OCT 31 1885

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 31. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mallery

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and Number.} 135 Division St

*Cause of Death,* First (Primary). Ascites

Second (Immediate). Exhaustion

*Duration of Last Sickness,* Over six months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 2. 1885

*Undertaker* Martin Fahey

*Place of Business,* 1281 Fawn *Address,* 68 McCulloh St.

C. Maubury Brown M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87536 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, OCT 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 30th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Althoff.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* 11 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life Residence.

*Place of Death,* {Give Street and Number.} 491 Saratoga St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Typhoid fever.

*Duration of Last Sickness,* Two (2) weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 1st

*Undertaker,* Andrew Rohde

*Place of Business,* 48 Penna Ave

Louis W. Knight M. D.
Medical Attendant.

*Address,* 112 N. Greene

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87334 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Tabman

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* Col

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 17 N. Dallas St.

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 31 85

*Undertaker,* Wm Mudrow

*Place of Business,* 40 East St

J. L. Smith M. D.
Medical Attendant.

*Address,* 13 Exeter St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Sheet.

# Board of Health, City of Baltimore.

**Permit No.** 87538 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Thursday Oct. 29th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Lockerman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* — *Months,* — *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Oysterman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* Fifteen Years

*Place of Death,* {Give street and Number.} 120 Exeter St

*Cause of Death.* First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage

*Duration of Last Sickness,* One Month

The above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 31 St 1885

*Undertaker* W W Madden

*Place of Business,* 46 East St

E Atkinson M. D.
Medical Attendant.

*Address* Park Ave & Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87539 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Adele McShane

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} York Pa

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give Street and Number.} 1801 2 Hanford Ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's Cemetery

*Date of Burial,* Nov 1st 1885

*Undertaker,* H. L. Wiedefeld

*Place of Business,* 90 Green Mt Ave *Address,*

Geo Brooke Berry M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87540 *Office of Registrar of Vital Statistics.* Ward 87

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. OCT 31 1935

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 29th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Hagan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Harford Co

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 384 Greenmount Ave

*Cause of Death,* First (Primary),

Second (Immediate), General Debility.

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Long Green Balto Co

*Date of Burial,* Nov 1st

*Undertaker,* H C Widefield

*Place of Business,* 90 Greenmount Ave

S. M. Hamilton M. D.
Medical Attendant.

Address, 36 Greenmount Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87321 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 30/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} R. H Monell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 11 *Months.* 29 *Days*

*Color,* W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} No 8 Upton St

*Duration of Residence in the City of Baltimore,* Infant

*Place of Death,* {Give Street and Number.} 47 What Coat.

*Cause of Death,* First (Primary), Rheumatism of heart.

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 1 1885

*Undertaker,* William H Dyer

*Place of Business,* 62 East St

G W Jones M. D.
Medical Attendant.

*Address,* 193 Pamlican

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87342 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 28'83

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Savage

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* — *Months,* *Days*

*Color,* colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 103 Sarah ann st

*Cause of Death,* First (Primary), Erysipelas.

Second (Immediate), Exhaustion

*Duration of Last Sickness,* about three years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Oct 31 1883

*Undertaker,* William V Dunger

*Place of Business,* No 61 East St

Wm A Jones M. D.

Medical Attendant.

*Address,* 326 Hollins st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87543 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
OCT 31 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 28th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Redding

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* not known Somewhere between 65 & 70 Years, ..... Months. ..... Days

*Color,* Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* General worker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} So. Dallis Alley

*Cause of Death,* First (Primary), Overwork

Second (Immediate), General Debility

*Duration of Last Sickness,* 56 days

All the above information should be furnished by the Physician.

*Place of Burial,* Calvary Cemetery

*Date of Burial,* Oct 31st 1885

*Undertaker,* William F. Enger

*Place of Business,* 62 East 11

C. A. Thomas, M. D.
Medical Attendant.

*Address,* 66 E. Baltimore St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87324 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

23

*Date of Death,* October 30th. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Horn

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 87 Lancaster Street.

*Cause of Death,* First (Primary), —

Second (Immediate), Typhoid Fever.

*Duration of Last Sickness,* about Four weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Nov. 1st. 1885

*Undertaker,* H. Sanderson

*Place of Business,* 252 Lanvale Address. 207 S. Broadway

N. L. Dashiell Jr. M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87545 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances A Klick

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia 9 years

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give Street and Number.} 49 Abbot St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), Unknown

*Duration of Last Sickness,* 6 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Alphonsus Cem

*Date of Burial,* Nov 2 1885

Chas B Kiefer M. D.
Medical Attendant.

*Undertaker,* F. Enoch Co

*Place of Business,* 247 N Durham *Address,* 202 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87346 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 25 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 30 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E. La Fleur (Le Fleur)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* ..... *Months,* ..... *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Zanesville Oh

*Duration of Residence in the City of Baltimore,* 15 Yrs

*Place of Death,* {Give Street and Number.} 45 S. Eutaw St

*Cause of Death,* First (Primary), Carcinoma of Neck

Second (Immediate),

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loraine Cemetery

*Date of Burial,* Nov 1st 1885

*Undertaker,* Dieterich Weigand

*Place of Business,* 116 Broad Hill Ave *Address,*

Wm A Dantzer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87547 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 30 /85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Zimmerman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 89 yrs.

*Place of Death,* {Give Street and Number.} 241 N Howard

*Cause of Death,* First (Primary), Dzthlitis

Second (Immediate), Dysentery

*Duration of Last Sickness,* three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 1st 1885

*Undertaker,* F H Secrald

*Place of Business,* 35 S Eutaw Address 194 W Monument

W. P. Morgan M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87578 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 31th. October 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kuberski.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 9 Months, Days

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* {Give Street and Number.} S. Bethel Street 241

*Cause of Death,* First (Primary), Hydrocephalus chronicus

Second (Immediate), Convulsions

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Bohemian National Cem

*Date of Burial,* Nov 1/85

*Undertaker,* Frank Enoch & Co

*Place of Business,*

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe St 117

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87529 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* October 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Mauntz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 92 Boston st.

*Cause of Death,* First (Primary), .....

Second (Immediate), Hydrocephalus

*Duration of Last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* November 1st

*Undertaker,* W Diffel

*Place of Business,* 151 E Bond

Nicholas L Duttrick M. D.
Medical Attendant.

*Address,* 207 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87330 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Campbell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 86 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* ???

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 57 Years

*Place of Death,* {Give Street and Number.} 133 Gough St.

*Cause of Death,* First (Primary), Old Age

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* Nov 2d 1885

*Undertaker,* Henry W Mears

*Place of Business,* 45 N. Gay St

James E Donnelly M. D.
Medical Attendant.

*Address,* 277 E Baltimore St

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87537 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Floyd C. Nottingham

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* 7 *Months.* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Bookkeeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Northampton Co. Va

*Duration of Residence in the City of Baltimore,* 5 yrs.

*Place of Death,* {Give Street and Number.} 504 W Fayette st

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* North Hampton County Va

*Date of Burial,* Nov 2d 1885

*Undertaker,* Henry W. Mears

*Place of Business,* 23 W. Fayette st *Address,* 187 Hollins st

F. M. Benson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3928 Manual

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87532 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Longus

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 124 Keller St. Canton

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster Cemetery

*Date of Burial,* November 2d 85

*Undertaker,* John G Schuh

*Place of Business,* 215 Alice Ave Address, 243 Alice Ave

John H. Rehberger M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87333 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 31 Oct 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Leonard

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* × *Months.* × *Days*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Austria

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give Street and Number.} 68 N. Pine St.

*Cause of Death,* First (Primary), Carcinoma Breast

Second (Immediate), Asthenia

*Duration of Last Sickness,* About 2 years

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Nov 1, 1885

*Undertaker,* R. D. Ennis

*Place of Business,* Edgar Ivers & Co *Address,* 314 E Balt St.

B. F. Leonard M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 87534 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 10-13-85.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ida Mitchell.

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* ——— *Years,* 3 *Months,* *Days,* 1

*Color,* col

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*~~Occupation~~,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Infancy

*Place of Death,* { Give street and Number. } 213 Ruby st

*Cause of Death,* { First, (Primary,) Pneumonia / Second, (Immediate,) }

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 1 1885

*Undertaker,* William H Lupus

*Place of Business,* 602 East St

L M Eastman M. D.,
Medical Attendant.

*Address,* 324 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# CERTIFICATE OF DEATH.

87555

(To be Retained by Physician.)

*Date of Death,* Oct 30 '85

*Name of Deceased,* Joseph Novelli

*Sex, ~~Male~~ or Female,*

*Age,* 43 2 0

*Color,* W

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* ✓

*Occupation,*

*Birthplace,* Bohemia

*Duration of Residence in B. C.* 18 3

*Place of Death,* 43 Barnes St

*Cause of Death,* First (Primary), Heart

Second (Immediate), Disease

*Duration of last Sickness,* 1½ days

REMARKS.

Holy Redeemer

Nov 1st 1885

Coroner

Mrs. H. Dreiser

To be Substituted by

Coroner

John Murphy & Co., City Printers and Stationers.

# Board of Health, City of Baltimore,

Permit No. 87536 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 31 - 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Foran

*Sex.* Male or ~~Female~~. {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Since Youth

*Place of Death,* {Give street and Number.} 40 How St.

*Cause of Death,* First (Primary), Epithelioma of the Tongue

" " Second (Immediate), " " "

*Duration of Last Sickness,* About two years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Nov. 2nd 1883

*Undertaker* Ph. Secrald

*Place of Business,* 35 S. Eutaw Street

T. Donaldson M. D.
Medical Attendant.

Residence, 108 Park Av.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of ~~Vital Statistics~~ in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 8755 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 25 / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Wallace

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 57 *Years,* — *Months,* — *Days.*

*Color,* Born Slave

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation* Domestic

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 73 Jefferson s

*Cause of Death,* First (Primary), Brights Disease

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel, Md

*Date of Burial,* 1. Nov. 1885

*Undertaker,* J. Locke

*Place of Business,* Wolf St. *Address,* 116 E. Fayette St.

Whitefield Kinsey M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87538 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 2 1885
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hodumma Blackman

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months.* 1 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 12. Vincent Alley.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 12 Vincent Alley.

*Cause of Death,* First (Primary), Stomach-

Second (Immediate), exhibit.

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Level Cemetery

*Date of Burial,* Nov 2 1885

*Undertaker,* William Moore

*Place of Business,* No 62 East St

Thomas F Hall M. D.
Medical Attendant.

*Address,* 17 N. Caroline St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87539 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1883 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31st 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Frazier

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 82 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give Street and Number.} 616 N Colvert St

*Cause of Death,* First (Primary).. old age

Second (Immediate),.. Congestion of lungs

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Nov 2nd 1883

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St *Address,* 1 E Monument Ave

J H Markham M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 87560 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CHARLES DRAPER
NOV 2 1885
BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Nov ~~2d~~ 1st 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah M. Coviell

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 4 *Months,* 11 *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} New Jersey

*Duration of Residence in the City of Baltimore,* 33 Years

*Place of Death.* {Give street and Number.} 49 N. Appleton

*Cause of Death,* First (Primary), General Debility

Second (Immediate), " old age -

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov. 3d 1885

*Undertaker* J. B. Cook

*Place of Business,* 707 W. Balto. St. *Address,* 506 Madison Ave.

J. H. Christian M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 87561 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* 1 Nov 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria E Nicholson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* none

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 375 W Lombard

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* about 10 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 3 Nov

*Undertaker,* J R Woods

*Place of Business,*

A Mumford M. D.

Medical Attendant.

*Address,* 57 N Howard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

6

# Health Department, City of Baltimore.

Permit No. 87562 *Office of Registrar of Vital Statistics.* Ward 7 4

HEALTH DEPARTMENT NOV 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 31 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Wright

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 372 N. Washington St

*Cause of Death,* First (Primary), Inanition

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Nov. 2 d 1885

*Undertaker,* Adam Fink & Son

*Place of Business,* 461 N. Gay St

G. F. Taylor M. D.
Medical Attendant.

*Address,* 234 N. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 89563 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE NOV 2 1893

## CERTIFICATE OF DEATH.

*Date of Death,* November 1 93

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mc Intyre

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Flagman A C R R

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore.* 30 years

*Place of Death,* {Give Street and Number.} City Hospital Jonalopa & Caluert Sts

*Cause of Death,* First (Primary), Accidentally Run over by Steam Engine

Second (Immediate), Shock & Hemorrhage

*Duration of Last Sickness,* One hour

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* November 3rd 1893 Hall Pullen M. D.

Medical Attendant.

*Undertaker,* Adam Fink & Son

*Place of Business,* 461 N. Gay St *Address,* 20 Dis Guard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Certificate

# Board of Health, City of Baltimore.

Permit No. 87564 *Office of Registrar of Vital Statistics,* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS
NOV 2 1885
BALTIMORE

a

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Collins Saunders

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* Two *Years,* *Months,* *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} V

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} Barnes St near Bury

*Cause of Death,* First (Primary), Scarlatina

Second (Immediate), Convulsions

*Duration of Last Sickness,* About Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincent Cem

*Date of Burial,* Nov. 2d 1885

J. B. Schwatka *M. D.*
Medical Attendant.

*Undertaker* Adam Fink & Son

*Place of Business,* 461 N. Gay St. *Address,* Cor Bury & Barnes

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87565 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 2 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Edgar Dowler

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 9 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 438 Mulberry St.

*Cause of Death,* First (Primary), Empiphelus

Second (Immediate), Blood Poisoning

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Nov 3rd

*Undertaker,* Wm S Fry

*Place of Business,* Broadway

John Neff M. D.
Medical Attendant.

*Address,* 206 N Caroline

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87366 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Manning

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 10 *Months,* -- *Days*

*Color,* White "

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 606 Light St

*Cause of Death,* First (Primary), diphtheria

Second (Immediate), diphtheritic Croup

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* Nov. 2. 1885

*Undertaker,* B Harle. Theodore Koch M. D.

Medical Attendant.

*Place of Business,* 82 W Pratt St *Address,* 16 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 87567

*Office of Registrar of Vital Statistics.*

17½

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31st - 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Gleanna

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 1 yr. 2 mos. 3 days.

*Place of Death,* {Give street and number.} Fort Ave. 466.

*Cause of Death,* First, (Primary.) Diarrhoea

Second, (Immediate.) Inanition

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Ignatius Cemetery

*Date of Burial,* Nov. 2 "85

*Undertaker,* B. Earle

*Place of Business,* 82 West st.

Wm P. Chunn M.D.,
Medical Attendant.

*Address,* 286 Madison Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87568 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Deibel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* 1 *Months,* 9 *Days*

*Color,* white

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 45 Mason St

*Cause of Death,* First (Primary), Elephantiasis Scrotum

Second (Immediate), Obstruction of bowels

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 2nd 1885

*Undertaker,* Chas. T. Devries

*Place of Business,* 211 N. Eutaw *Address,*

M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

Permit No. 87569 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 2 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 31st 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Scott

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 30 yrs

*Place of Death,* {Give street and Number.} 204 E Chase St

*Cause of Death,* First (Primary). Fall down stairway

Second (Immediate). Injury to head

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Nov 2d

*Undertaker* H. C. Winfield

*Place of Business,* 90 Gunnis Av *Address,*

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87570 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 30th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mc Shane

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Washerwoman

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Not Known

*Place of Death,* {Give Street and Number.} 215 Alleganna St.

*Cause of Death,* First (Primary), Intemperance (Alcoholic)

Second (Immediate), Cerebral Congestion

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Nov 2 d

*Undertaker,* H. C. Winfield & Co

*Place of Business,* 90 Greenmount Ave *Address,* 106 Ave Gilmore

C. Hall Hurley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

2

Permit No. 8757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT RECEIVED NOV 2 1885

C

## CERTIFICATE OF DEATH.

*Date of Death,* 2. November 1885.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georg Simon Jacob Franke

*Sex, Male ~~or Female,~~* { Cross out the word not required in this line. }

*Age,* ~~Years,~~ 3 Months, 5 Days.

*Color,* white

*~~Married, Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*~~Occupation,~~*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* { Give street and number. } 168 Eastern Av.

*Cause of Death,* First, (Primary.) Atrophia infantum

Second, (Immediate.) Spasmi.

*Duration of Last Sickness,* since birth.

All the above information should be furnished by the Physician.

*Place of Burial,* 2 Nov 1885

*Date of Burial,* Baltimore County

*Undertaker,* Joh C Schuh

*Place of Business,* 165 Aliceanna

Robert Faulhaber M.D.,
Medical Attendant.

*Address,* 121 N. Broadway

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87572 *Office of Registrar of Vital Statistics.* Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bolzinock

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 0 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} No 148 Bank St

*Cause of Death,* First (Primary),

Second (Immediate), Pneumonia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* 2 Nov 1885

*Undertaker,* Jos L Silver

*Place of Business,* 265 Aliceanna

M. D.,
Medical Attendant.

*Address,* 148 Bank St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87573 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. NOV 2 1885

HEALTH DEPARTMENT BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Krauss

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 59 *Years,* 9 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Saloon Keeper

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany 37 yrs Ecd

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 6 Exeter St

*Cause of Death,* First (Primary), Pericardial effusion

Second (Immediate), Asthenia

*Duration of Last Sickness,* Eight (8) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 4th

*Undertaker,* Geo Schilling

*Place of Business,* 24 Lombard

J. W. Slorer M. D.
Medical Attendant.

Address, 6 Exeter St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8757 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1885 BALTIMORE MD

## CERTIFICATE OF DEATH

*Date of Death,* Oct 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard H. Diggs

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 73 *Years,* 2 *Months,* *Days*

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Retired Merchant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Mathews County, Virginia

*Duration of Residence in the City of Baltimore,* 58 years

*Place of Death,* {Give Street and Number.} 315 E. Balto St

*Cause of Death,* First (Primary), Senility

Second (Immediate), General debility

*Duration of Last Sickness,* Valetudinarian for several years

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* November 3rd 1885

*Undertaker,* M. A. Dager

*Place of Business,* 74 S. Broadway *Address,* 2 S Broadway

D W Cathell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87575 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 1 November 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anistine Elizabeth Brede

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 62 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Wolfhagen – Kurhessen – Germany 32 years in U.S.

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give Street and Number.} Saratoga St. 365

*Cause of Death,* First (Primary), Carcinoma Hepatis

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 3 November

*Undertaker,* Geo. Leimbach

*Place of Business,* 387 W. Pratt

A. F. Reinhardt M. D.
Medical Attendant.

*Address,* 211 S. Howard Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87576 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1885

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Barnes

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* Col

~~*Married,*~~ *Single,* ~~*Widow or*~~ *Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 6 Bowers Ct

*Cause of Death,* First (Primary), Cold and Exposure

Second (Immediate), Consumption

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W. Public Cmty

*Date of Burial,* Nov 2nd 1885

*Undertaker,* F. A. Kershner

*Place of Business,* 30 Harlem Av *Address,* Camp 26 & R

Thos A Shinn M. D.
~~Medical Attendant.~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

M E Roberts Dept Insp

# Health Department, City of Baltimore.

Permit No. 87577 *Office of Registrar of Vital Statistics.* Ward 6

HEALTH DEPARTMENT BALTIMORE MD NOV 2 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Robinson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Patern Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} No 103 W Eldon st

*Cause of Death,* First (Primary),

Second (Immediate), Dropsy

*Duration of Last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Nov 30

*Undertaker,* Geo Schilling

*Place of Business,* Ashland & Lynn *Address,* Eutaw St

W S Mahon M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Information of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87578 *Office of Registrar of Vital Statistics.* NOV 2 1885 Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 2. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Virras

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 51 Thames St

*Cause of Death,* First (Primary), Croup (True)

Second (Immediate),

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* H. Of. Thomas Cemt.

*Date of Burial,* November 3. 85

*Undertaker,* L. Cradock & Co

*Place of Business,* 215 S Bond St

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Alice Anna St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8554 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV BALTIMORE, MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* October 30th. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* 7 *Months.* 6 *Days*

*Color,* ed

*Married, Single, Widower,* {Cross out the words not required in this line.}

*Occupation,* Driver

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 7 Lewis St

*Cause of Death,* First (Primary), Consumption of the Lungs

Second (Immediate), Hemarrage

*Duration of Last Sickness,* about six years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 2 - 1885

*Undertaker,* W W Madden

*Place of Business,* 76 East St

Francis T. Sauer M. D.
Medical Attendant.

*Address,* 108 N. Central Ave.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8350 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1883 BALTIMORE MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 2, 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Conyer

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* ——— *Months,* ——— *Days*

*Color,* Black

~~*Married, Single,*~~ ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} St Mary's Co. Md

*Duration of Residence in the City of Baltimore,* 16 Yrs.

*Place of Death,* {Give Street and Number.} University Hospital

*Cause of Death,* First (Primary), Phthisis Pulmonum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cy

*Date of Burial,* Nov 3rd 1883

C. F. Mitchell M. D.
Medical Attendant.

*Undertaker,* Steward & Monroe

*Place of Business,* 35 Park ave *Address,* University Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8758 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CHERK'S OFFICE NOV 2 1885 BALTIMORE MD

C

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Belle Bourke

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* *Months,* *Days*

*Color,* 12

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 226 Wendy [illegible]

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate),

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Nov 3 1885

*Undertaker,* [illegible]

*Place of Business,* 263 Light

H W Welch M. D.
Medical Attendant.

*Address,* 101 Bow [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87382 — *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah Saunders

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 104 E. Chase

*Cause of Death,* First (Primary), Inflammatory Softening

Second (Immediate), of the Brain

*Duration of Last Sickness,* 3 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* Nov 3rd 1885

*Undertaker,* James L. Byrne

*Place of Business,* 1103 N. Front St *Address,* 283 W. Lanvale

Chas F. Heiskell M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87583 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Bush.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 7 ... *Months,* ... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} No 2 of 10 Hatcroft Ct

*Cause of Death,* First (Primary),

Second (Immediate), Inanition

*Duration of Last Sickness,* lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov. 3rd 1885

*Undertaker,* Saml W. Chase

*Place of Business,* 198 E. Hoard St

C McGraner M. D.
Medical Attendant.

*Address,* 2807 Decker Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87584 *Office of Registrar of Vital Statistics.* Ward 4C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* November 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A Janvier

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 6 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Painter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 24 N. High st

*Cause of Death,* First (Primary), Peritonitis

Second (Immediate), Asthenia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Nov 3rd 85

*Undertaker,* Jno F Byrne

*Place of Business,* 21 West St

J. E. Gorsuch M. D.
Medical Attendant

*Address,* Augusta Ga

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8588 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Schweikski

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 20. *Years,* 2 — *Months.* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Housewife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,* One year and a half.

*Place of Death,* {Give Street and Number.} 23 Shakespeare St.

*Cause of Death,* First (Primary), .....

Second (Immediate), Typhoid Fever

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Cemt.

*Date of Burial,* November 3. 85

*Undertaker,* F Wood & Co

*Place of Business,* 215 S Bond St *Address,* 96 S Ann St.

A. V. Gouziler M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87586 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE MD. NOV 3 1885

## CERTIFICATE OF DEATH.

*Date of Death,* Monday ~~Oct~~ November 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Robinson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} Co Lemon alley

*Cause of Death,* First (Primary), Chronic Croup

Second (Immediate),

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Nov 3rd

*Undertaker,* John J Lowan

*Place of Business,* 69 Hollins St *Address,* 538 W Fayette St

D. Morris *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87587 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 2nd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Butler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 7 *Months,* *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 73 Lemmon St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheritic Croup.

*Duration of Last Sickness,* 12 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Nov 3rd

*Undertaker,* J. John J. Crum

*Place of Business,* 69 Hollins

H. L. Friar M. D.
Medical Attendant.

*Address,* 327 W. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87588 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 2" 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Williams

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 8 *Months.* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* Three months

*Place of Death,* {Give Street and Number.} 89 Barkins st

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* western cemetery

*Date of Burial,* Nov 4th

*Undertaker,* John J Conroy

*Place of Business,* 89 Baltimore st *Address,* 311 McCulloh st

W. F. Phillips M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87585 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 3 1885
BALTIMORE MD

a

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burns

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* ..... *Months.* ..... *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Landress

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Texas

*Duration of Residence in the City of Baltimore,* Ten years

*Place of Death,* {Give Street and Number.} 4 Leffernans Court

*Cause of Death,*
First (Primary), .....
Second (Immediate), Consumption

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Lamart Cemetery

*Date of Burial,* Nov 3 1885

*Undertaker,* Charles Butler

*Place of Business,* 132 N Caroline St *Address,* 124 n Exeter st

E. C. Baldwin M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Health Department, City of Baltimore.

Permit No. 87870 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK
NOV 3 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 12 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Behrens

*~~Sex~~, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days*

*Color,* W.S.

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Miller

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 272 S. Eutaw St

*Cause of Death,* First (Primary), Dilatation of oesophagus

Second (Immediate), Marasmus

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer Cemy

*Date of Burial,* Nov. 14. 1885

*Undertaker,* Henry Hoerle

*Place of Business,* 309 N. Central Ave *Address,* 18 Smith

Thomas M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8759 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1885 BALTIMORE MD

B

## CERTIFICATE OF DEATH.

*Date of Death,* November 2. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Gerrell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 13 Years

*Place of Death,* {Give Street and Number.} 60 Granby St

*Cause of Death,* First (Primary),

Second (Immediate), Consumption

*Duration of Last Sickness,* 9 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Bapt. Lo. Grave

*Date of Burial,* Nov 4

*Undertaker,* Fred Ford

*Place of Business,* [illegible]

J. W. Houck M. D.
Medical Attendant.

*Address,* 25 E Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

From 3929

# Health Department, City of Baltimore.

Permit No. 8592 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 3 1890
BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 2 4 a.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Rodger

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give Street and Number.} 238 Lindenave

*Cause of Death,* First (Primary), Typho-malarial Fever

Second (Immediate),

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* November 4T

*Undertaker,* H Weaver

*Place of Business,* 202 N. Eutaw St

Thomas Shearer M. D.
Medical Attendant.

*Address,* 97 N. Charles St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87853 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 3 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Monday November 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Robert Keys

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ____ *Years,* 2 *Months,* 14 *Days*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} No 5 O Donnell St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Convulsion

*Duration of Last Sickness,* Never was well, sick since it was born

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Nov 3d 1885

*Undertaker,* H. Sandert Son

*Place of Business,* 252 Caroline St

J. E. Richard M. D.
Medical Attendant.

*Address,* 28 O Donnell St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87554 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* November 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka Poreinger

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* *Months,* *Days*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} No 22 Burk St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Nov 3rd 1885

*Undertaker,* H. Sanders Son

*Place of Business,* 252 Canton Ave

Thos. S. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87555 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

NOV 4

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 1st 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther wright

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 5 *Days*

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 41 arch st.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 41, arch st.

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Since its birth

All the above information should be furnished by the Physician.

*Place of Burial,* W B Public Cemetery

*Date of Burial,* Nov 3/85

*Undertaker,* F A Kirkham

*Place of Business,*

W. E. Jarrett M. D.
Coroner Medical Attendant.

*Address,* 526 Hollins st.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87596 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Ezzuder

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 67 N Front St

*Cause of Death,* First (Primary), .....

Second (Immediate), Marasmus.

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 4" 1885

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Front St *Address,* 57 Aliceanna

Edward P McDevitt M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87577 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3d.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Warner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 11 *Months,* 26 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore.* Since birth

*Place of Death,* {Give Street and Number.} Nr. 63 Clifford St

*Cause of Death,* First (Primary), Croup

Second (Immediate),

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov. 4/83

*Undertaker,* J. B. Cook

*Place of Business,* 707 N. Balto. *Address,* Columbia Ave Rear

Thos. E. Saulsbee *M. D.*
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87598 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lettie E Bickman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give Street and Number.} 20 Baltimore St

*Cause of Death,* First (Primary),

Second (Immediate), Congestion of the Brain

*Duration of Last Sickness,* 28 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Crater Hill

*Date of Burial,* Nov 5th

*Undertaker,* Henry Boich

*Place of Business,* Hanover St 81

Thomas Crew M. D.
Medical Attendant.

*Address,* 20 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87599 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3d, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Jos~~ Sophia Russ

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} # 19 Shakespeare St

*Cause of Death,* First (Primary), True Croup

Second (Immediate),

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cmet

*Date of Burial,* 4 Nov

*Undertaker,* [redacted] Co

*Place of Business,* 247 N Durham

John H Kelberger M. D.
Medical Attendant.

*Address,* 243 Alice Innah

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87600 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M Guisendaffer (Guisendaffer)

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, one Months. twenty one Days

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 55 MC Eldry St

*Cause of Death,* First (Primary), General bad health

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Nov 5th 1885

*Undertaker,* J W Leonard & Son

*Place of Business,* 112 W Baltimore

M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87601

*Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 18 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Nauhof

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 3 Months, 21 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 105 Battery Ave

*Cause of Death,* First (Primary), Ivanition

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Christ Church

*Date of Burial,* October 21

*Undertaker,* B Harker

*Place of Business,* 82 [illegible]

Medical Attendant. M. D.

*Address,* 28 Charles St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87605 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 2/83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mulvany

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 32 yrs.

*Place of Death,* {Give Street and Number.} 86 Eastlane.

*Cause of Death,* First (Primary), Paralysis

Second (Immediate),

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Lincoln Cemetery

*Date of Burial,* Nov 2nd 1883

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St *Address,* 50 & Broadway

R W Mansfield M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87603 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* November 4th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz von Schlegrice

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 7 *Years,* 2 *Months,* *Days*

~~*Color,*~~ White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 14 Market Space

*Cause of Death,* First (Primary),

Second (Immediate), Typhoid fever

*Duration of Last Sickness,* Ten days.

All the above information must be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 6th

*Undertaker,* John C Schuh

*Place of Business,* 265 Alisanna st

A. Gregg Shertzer M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87604 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank G. Holl

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 257 Jefferson St.

*Cause of Death,* First (Primary), Croup

Second (Immediate), "

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager's

*Date of Burial,* Nov 4th

*Undertaker,* Horstell Sisco

*Place of Business,* 151 S Bond

J H Collenberg M. D.
Medical Attendant.

*Address,* 344 E Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 87605 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 2nd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Kohl

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 24 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Stone Cutter

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 4 Years & 6 Mos

*Place of Death,* {Give Street and Number.} 189 S. Ann St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Nov 4 1885

*Undertaker,* H Sander & Son

*Place of Business,* 252 Canton Av

James E Smith M. D.
Medical Attendant.

*Address,* 299 E Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87606 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Maynard Tucker

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* eighteen *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 352 N Eutaw St

*Cause of Death,* First (Primary), Entero-colitis

Second (Immediate), " "

*Duration of Last Sickness,* 4½ days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 4/85

*Undertaker,* Chas. T. Devine

*Place of Business,* 27 & 29 E. Eutaw

Elias C Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87607 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 31st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tuttman (mother)

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 14 *Days*

*Color* cd

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 26 S Bethel St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St-Cemetery

*Date of Burial,* Nov 4th 1885

*Undertaker,* William Blatt Kamp

*Place of Business,* E. Lombard St *Address,* James A. Hunt M. D.
Medical Attendant.
Dept Health Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 87608 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia F. Lerew

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 55 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give Street and Number.} 206 W Lombard Street

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), apoplectic strokes

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov. 4 1885

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 N Fayette

L. S. Reinhard M. D.
Medical Attendant.

*Address,* 211 N Howard Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87609 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Fourteen *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 12 Mc Elderry St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* Nov 5th 1885

*Undertaker,* Wm. W. Madden

*Place of Business,* 46 East St

E. B. Feuby, M. D.
Medical Attendant.

*Address,* 283 N. Eden St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 8760

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE, MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* November 3d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine R. Nicholls

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 5-8 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widow

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number} Cor. Arlington Ave. & Mosher Sts

*Cause of Death,* First, (Primary,) Endocarditis and Dropsy

Second, (Immediate,) Exhaustion and Bright's Disease

*Duration of last Sickness,* 4 or 5 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Nov 5th 85

J. R. Ahler M. D.
Medical Attendant.

*Undertaker,* H. W. JENKINS & SONS

*Place of Business,* UNDERTAKERS Park & Saratoga Sts

*Address,* 234 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Health Department, City of Baltimore.

Permit No. 4,711 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodosia Herzog

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 411 Cary St

*Cause of Death,* First (Primary), Puerperal Convulsions

Second (Immediate),

*Duration of Last Sickness,* 2 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Nov 6th

*Undertaker,* H. W. JENKINS & SONS UNDERTAKERS

*Place of Business,* Park Square St.

H. B. Leech M. D.
Medical Attendant.

*Address,* Prestman & Cary Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 8762 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 4 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 1st 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Braxton

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* about 36 *Years,* ——— *Months,* ——— *Days*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Howard Co., Maryland

*Duration of Residence in the City of Baltimore,* about 20 years

*Place of Death,* {Give Street and Number.} Elling & Letters McMechan & Wilson's

*Cause of Death,* First (Primary), Miscarriage

Second (Immediate), Exhaustion from loss of blood

*Duration of Last Sickness,* about 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 4 1885

*Undertaker,* J. H. Blair

*Place of Business,* 198 Howard St

F. J. Hammett M. D.
Medical Attendant.

*Address,* 404 East H. St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87413 *Office of Registrar of Vital Statistics* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 2/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob A. Kess

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* Col?

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md.

*Duration of Residence in the City of Baltimore,* 10 yrs.

*Place of Death,* {Give Street and Number.} 80 S Bethel

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Jacobsville Anne Co.

*Date of Burial,* Nov. 4 '85

*Undertaker,* Charles S Butler

*Place of Business,* 132 N Caroline St

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 50 S Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Born 39. 30

# Health Department, City of Baltimore. 16

Permit No. 87614 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Wheeler

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~ Years, 3 Months, ~~ Days

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 71 Wayne St.

*Cause of Death,* First (Primary),

Second (Immediate), Whooping Cough.

*Duration of Last Sickness,* 3 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Nov. 4th 1885

*Undertaker,* I. N. Ross.

*Place of Business,* Conway St

James A. Hunt M. D.

Medical Attendant

Address, Health Register

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E. Wheeler

# Health Department, City of Baltimore.

Permit No. 8765 *Office of Registrar of Vital Statistics* Ward 6

The Physician who attended any person in a last illness, is responsible for the prompt filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 4 1885 BALTIMORE MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 4, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dorrack

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 9 *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give Street and Number.} 12 Monger St.

*Cause of Death,* First (Primary), Dentition

Second (Immediate), .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* Nov. 5th

*Undertaker,* Vincent Forst

*Place of Business, and Address,* Forst & Robert E. Baltimore St.

J. H. Ollenberg M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87616 *Office of Registrar of Vital Statistics* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 4 1885
BALTIMORE

# CERTIFICATE OF DEATH.

A

*Date of Death,* November 3d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Ryan (6)

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* —— *Months,* —— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore.* 2 yrs & 6 mo.

*Place of Death,* {Give Street and Number.} No. 13 Ringold St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Blood poisoning

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 4th 1885

*Undertaker,* John S. Mackin

*Place of Business,* No 150 Lexington *Address,* Columbus & Fremont Ave

Geo. R. Adkins M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8767 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3rd 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ind Thos H Cooper {Parents Name}

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 1 Months, 14 Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Gales City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} In # 59 East Lee

*Cause of Death,* First (Primary), Croup

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 4th 85

*Undertaker,* Mr Krueger

*Place of Business,*

James A. Stewart M.D.

Address, Dept of Health & Registrar

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

E. L. Patrick Sanitary Inspector

Board of Health, City of Baltimore.

Permit No. 8768 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 4 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* November 3rd 1885

*Full Name of Deceased.* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecah Boon

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days,*

*Color,* Mulatto

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation* Woman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No 8 Bolin Alley

*Cause of Death,* First (Primary). Typho Malarial Fever

Second (Immediate). Exhaustion

*Duration of Last Sickness,* 45 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Bur

*Date of Burial,* Nov 5th 1885

*Undertaker* Alex Hemsley

*Place of Business,* 116 Orchard St Address, 192 Linden Av

C M Dodson M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87419

## Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, M.D.

# CERTIFICATE OF DEATH

*Date of Death,* Nov 4 T 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Francis Kane

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 8 Months, 13 Days

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 152 Ramsay St

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate),

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick

*Date of Burial,* Nov 8th 1885

*Undertaker,* C. F. Kane

*Place of Business,*

Edward A. Henry M. D.
Medical Attendant.

*Address,* Canton R.R.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87620 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3rd 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Frisby

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 12 *Years,* ..... *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give Street and Number.} No 3 Lynch alley

*Cause of Death,* First (Primary), .....

Second (Immediate), Typhis-malarial fever

*Duration of Last Sickness,* about 5 or 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Green

*Date of Burial,* Nov 5th 1885

*Undertaker,* Chas Kennedy

*Place of Business,* 111 Orchard St

Wm Garnett M. D.
Medical Attendant.

*Address,* 287 Aliceanna St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87621 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 4th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Mallory

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ 3 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} # 123 N Front St

*Cause of Death,* First (Primary), Bhd Infantum

Second (Immediate),

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Nov 5th 1885

*Undertaker,* Mr Mitchell

*Place of Business,* Constitution St *Address,* Eutaw & R

James H Chamberlain M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Sec 6 & 7

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Jos O Fitzpatrick Sanitary Inspector

# Health Department, City of Baltimore.

Permit No. 87622 *Office of Registrar of Vital Statistics* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 3 - 85 11 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* Forty Three (43) *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Sailor

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 11 days

*Place of Death,* {Give Street and Number.} At Josephs Hospital

*Cause of Death,* First (Primary), Typhoid Fever

Second (Immediate), Perforation of Bowel - Shock

*Duration of Last Sickness,* Fourteen Days (14)

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cem'y

*Date of Burial,* Nov 4th/885

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Office *Address,* St Josephs Hospital

F. W. Mead M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87623 *Office of Registrar of Vital Statistics.* Ward 24

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of a certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* November 2d 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Heiser

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* About 40 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Not known

*Occupation,* Not known

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Not known

*Place of Death,* {Give Street and Number.} Communal Wharf

*Cause of Death,* First (Primary), Intemperance & Exposure

Second (Immediate), Apoplexy

*Duration of Last Sickness,* about 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* East Pub Cemetery

*Date of Burial,* Nov 4th 1885

*Undertaker,* Geo. Rinehart

*Place of Business,* Health Dept Address 118 S Gaith St

John Roche M.D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...Physician to the Undertaker Sex and Cause of Disease on Back of This Certificate.

# Health Department, City of Baltimore.

Permit No. 8762 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 4th 1885 Edward Hall.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Estevan Wife of Francisco Fernandez

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 20 minutes *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 82 W Wolfe St

*Cause of Death,* First (Primary),

Second (Immediate), Spasms

*Duration of Last Sickness,* 10 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Con

*Date of Burial,* Nov 6 1885

*Undertaker,* G. France

*Place of Business,* Bank with *Address,* [illegible]

M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87625 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Moxley

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Frederick Md

*Duration of Residence in the City of Baltimore,* 35 Y

*Place of Death,* {Give Street and Number.} 52 S Condition Ave

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate), .....

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov. 6/85

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto *Address,* 202 S Condition Ave

John Neff M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

1

# Board of Health, City of Baltimore,

Permit No. 87626 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 3, 1885.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Saisha Friedman

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 76 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Russia

*Duration of Residence in the City of Baltimore* 18 years

*Place of Death,* { Give street and Number. } 64 Harrison St

*Cause of Death,* First (Primary), Heart disease

Second (Immediate), Dropsy, Cirrhosis 18 months

*Duration of Last Sickness,*

the above information should be furnished by the Physician.

*Place of Burial,* Russian H. Cemetery

*Date of Burial,* November 5

A. B. Shuold M. D.
Medical Attendant.

*Undertaker* L. Athens

*Place of Business,* 281 Light St *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87627 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the delivery of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 4

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shaw

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Dorchester County

*Duration of Residence in the City of Baltimore,* 68 Years

*Place of Death,* {Give Street and Number.} No 98 Druid Hill Ave

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate),

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Nov 6th

*Undertaker,* B. Ward

*Place of Business,* 42 West St

L. C. Burch M. D.
Medical Attendant.

*Address,* 15 N Howard St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87628 *Office of Registrar of Vital Statistics* Ward 81

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE, MD.

No Permit for Burial can be Obtained without Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Horton

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~Years~~, 4 hours ~~Months~~, ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} - - - -

*Occupation,* - - - -

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 28 Willow St

*Cause of Death,* First (Primary), Atelectasis Pulmonum

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Nov 5th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

D. W. Stuart M. D.
Medical Attendant.

Address, Cor Eager & Fairmount Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore

HEALTH DEPARTMENT BALTIMORE, MD. NOV 5 1885

Permit No. 87629 *Office of Registrar of Vital Statistics.* Nov 5th 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 4th/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Garrity

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 56 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} ~~Single~~ ~~Widow or Widower~~

*Occupation,* Wife

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 yrs

*Place of Death,* {Give Street and Number.} 129 W Madison St.

*Cause of Death,* First (Primary), Age - Debility - 24 hours taken sick

Second (Immediate), Congestion of Lungs Pneumonia

*Duration of Last Sickness,* Two days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brea

*Date of Burial,* Nov 6th 1885

*Undertaker,* John J Andrews

*Place of Business,* No 456 Druid Hill Ave

H P Thomas M. D.
Medical Attendant.

*Address,* 119 W. Monument St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 87630 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE, MD

# CERTIFICATE OF DEATH.

*Date of Death,* November 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Genl J. L. Donaldson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 71. *Years,* 8 *Months,* *Days,*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* U. S. Army Officer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 62, Preston St

*Cause of Death,* First (Primary),

Second (Immediate). Bright's Disease

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Boston Mass

*Date of Burial,* Nov 6th 1885

*Undertaker* H. W. JENKINS & SONS UNDERTAKERS Park & Saratoga Sts.

*Place of Business,*

F. T. Miles M. D.

Medical Attendant.

*Address,* 28 Cathedral St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3933 Forest

# Health Department, City of Baltimore.

Permit No. 87631 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 5th Nov 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Russell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* *Months,* *Days*

*Color,* W

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Furniture dealer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Scotland

*Duration of Residence in the City of Baltimore,* 54 yrs

*Place of Death,* {Give Street and Number.} 31 Camden st

*Cause of Death,* First (Primary), Bright's disease of kidneys

Second (Immediate), Uremia

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Nov 8th 1885

*Undertaker,* H. W. JENKINS & SONS

*Place of Business,* UNDERTAKERS Park & Saratoga Sts.

H. W. Hebb M. D.
Medical Attendant.

*Address,* 101 Park st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87634 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the decease of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Anna Maria Kiel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give Street and Number.} 66 Woodyear St

*Cause of Death,* First (Primary), Scarlet Fever

Second (Immediate), Convulsions -

*Duration of Last Sickness,* 24 hours -

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park Cem

*Date of Burial,* Nov 6 th 1885

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross, St *Address,*

H Rickert *M. D.*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87633 *Office of Registrar of Vital Statistics* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* November 3rd, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Schmidt,

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 32 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give Street and Number.} 367 Eastern Avenue

*Cause of Death,* First (Primary), ———

Second (Immediate), Typhoid Pneumonia

*Duration of Last Sickness,* About Three Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Evangelical Cem

*Date of Burial,* Nov 5th 1885

*Undertaker,* H C Sander & Son

*Place of Business,* 262 Canton Ave

N. L. Dashiell Jr. M. D
Medical Attendant.

*Address,* 204 S. Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 8763 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation at this Department, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Nov. 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Marg. De Lat

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 2 *Months,* ... *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* School girl

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 242 West Pratt St.

*Cause of Death,* First (Primary), Diphtheria

Second (Immediate), Paralysis of Heart

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Nov. 5th 1885

*Undertaker,* Ernst Schlamp

*Place of Business,* 181 S. Sharp St. *Address,* 170 [illegible]

Wm Gaudel M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87635 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 5 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* Nov 4 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavine Kautchi

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* *Months,* *Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give Street and Number.} 60 Dover St

*Cause of Death,* First (Primary), Whooping Cough

Second (Immediate), Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peter Cemetery

*Date of Burial,* November 6 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Cor Hays St *Address,* 177 Shapel St

C. L. Dodge M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 87.636 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

H

*Date of Death,* November 11 th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rura Palansky

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Twenty Eight *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* Housekeeping

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* Five years

*Place of Death,* {Give street and Number.} Hebrew Hospital

*Cause of Death,* First, (Primary,) Cardiac Dropsy

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial* Knapps Rd. Cemetery

*Date of Burial,* Nov. 6th 1885

*Undertaker,* Chas. F. Eran & Co

*Place of Business,* Eagle & Valley Sts

W. H. Sultan M. D.,

P. O. Examiner Medical Attendant.

*Address,* Caroline & Eager Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Health Department, City of Baltimore.

Permit No. 87637 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 5. 12th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Matzyka

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Servant

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* Eight Years

*Place of Death,* {Give Street and Number.} 133 N. Charles

*Cause of Death,* First (Primary), Acute Phthisis

Second (Immediate), Pulmonary

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius

*Date of Burial,* Nov. 6. 1885

*Undertaker,* H. Cook

*Place of Business,* 242 N. Durham

Samuel E. Dowell M. D.
Medical Attendant.

*Address,* 209 E. Baltimore St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 7638

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87638 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

## CERTIFICATE OF DEATH.

*Date of Death,* November 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Flint

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* *Months,* *Days*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 174 Dolphin St

*Cause of Death,* First (Primary), Pulmonary Consumption

Second (Immediate), Exhaustion

*Duration of Last Sickness,* About one year

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Nov 6th 1885

*Undertaker,* John E. Monahan

Chas A. Donovan M. D.
Medical Attendant.

*Place of Business,* 298 Penn Ave *Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 87639 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 5 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th 1885 4 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Burns

*~~Sex~~, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth} Penn

*Duration of Residence in the City of Baltimore,* 2 wks

*Place of Death,* {Give street and Number.} City Hospital

*Cause of Death* First (Primary), Fractum Base Skull +

Second (Immediate), Shock

*Duration of Last Sickness,* 1/2 hour

All the above information should be furnished by the Physician.

*Place of Burial,* Lancaster. Pa.

*Date of Burial,* Nov 7th 1885

*Undertaker* J J Andrews

*Place of Business* ~~64 76 Dock St~~

I Van Hoff M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

3934 Transd

# Health Department, City of Baltimore.

Permit No. 87640 *Office of Registrar of Vital Statistics.* Ward 9"

HEALTH DEPARTMENT BALTIMORE, MD. NOV 5 1885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Phillips

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 0 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give Street and Number.} 127 Sharp St

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Nov 7th 1885

*Undertaker,* John S. Thacher

*Place of Business,* No 150 Hanover St

Thos Bond M. D.
Medical Attendant.

*Address,* 146 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 87641 *Office of Registrar of Vital Statistics.* 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th / 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Watts

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Two *Years,* 7 *Months.* 0 *Days*

*Color,* Light Copper

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Two years & 7 ms

*Place of Death,* {Give Street and Number.} No 20 London Alley

*Cause of Death,* First (Primary), Malarial Fever

Second (Immediate), Convulsions

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mark St Cemetery

*Date of Burial,* Nov 6/85

*Undertaker,* Chas. E. Scriven

*Place of Business,* 2 N Eutaw

Benj F Bohner M. D.
Medical Attendant.

*Address,* Cor Greene & Lubbers

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physician to the Undertaker as below; and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87642 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the prompt filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christ Leander Heil

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 3 Weeks *Years,* *Months,* 3 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 361 N Broadway

*Cause of Death,* First (Primary), Marasmus

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bethel cemetery

*Date of Burial,* Nov 6 1885

A L Gaige M. D.
Medical Attendant.

*Undertaker,* John W Jackson

*Place of Business,* Cor E Baltimore

*Address,* 361 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Certificate

# Board of Health, City of Baltimore.

Permit No. 87643 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

B

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 4 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman C Reupel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 31 *Years,* — *Months,* 14 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation* Seine dealer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and Number.} 248 N. Caroline St.

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* 3 months

the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 8th

*Undertaker* Geo Schilling

*Place of Business,* Ashland & Lyndar *Address,*

A R Tuttle M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

*Permit No.* 87644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 4. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Cromer

Cromer

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 80 *Years,* —— *Months,* —— *Days.*

*Color,* Colored

*Married, ~~Single~~, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* House keeper

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} St Marys Co. Md

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* {Give street and number} 826 Wrady year St

*Cause of Death,* First, (Primary,) Pleura pneumonia

Second, (Immediate,) ——

*Duration of last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Eldridge Landing

*Date of Burial,* Nov 5th 1885

J. J. King *M. D.*
Medical Attendant.

*Undertaker,* Clay Hemsley

*Place of Business,* 111 Orchard *Address,* 215 N. Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 87645

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 4, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Crosby

*Sex,* ~~Male or~~ Female, {cross out the word not required in this line.}

*Age,* ~~52~~ ~~5 mo. 4 d.~~ Years, Months, Days.

*Color,* Black

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Domestic

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md.

*Duration of Residence in the City of Baltimore,* about 30 yrs.

*Place of Death,* {Give street and number} Concord St. 2nd door from Lexington St. Colored Cellulitis

*Cause of Death* {First, (Primary,) Erysipelatous Disease (Chron.) Hypertrophy of Liver

Second, (Immediate,) Cerebral Anaemia

*Duration of last Sickness,* Not Known

All the above information should be furnished by the Physician.

*Place of Burial,* Spring St Cem.

*Date of Burial,* Nov 6 1885

*Undertaker,* Chas Krause

*Place of Business,* 116 Richard St

F. Barton Bruce M. D.
Medical Attendant.

*Address,* 365 W. Chas St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87646 *Office of Registrar of Vital Statistics*, Ward 18"

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 6 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* November 4, 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Evans

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months.* 4 *Days*

*Color,* White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give Street and Number.} 53 Monroe St.

*Cause of Death,* First (Primary), Pseudo-membranous Croup

Second (Immediate), Suffocation

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olive Cemetery

*Date of Burial,* Nov. 6 at. 11 am

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 N. Fayette St.

J. R. Wilson M. D.
Medical Attendant.

*Address,* 637 W Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

Permit No. 87647 *Office of Registrar of Vital Statistics,* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to Co, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV. 6, 1885, BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* November 4th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Muirhead.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 63 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.} Married.

*Occupation* Merchant.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 307 Lexington St

*Cause of Death,* First (Primary), Sporadic Dysentary.

Second (Immediate). Asthenia

*Duration of Last Sickness,* 3 Weeks

the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov. 6/85

*Undertaker* Denny & Mitchell

*Place of Business,* 550 N Fayette

John S. Pennington M. D.
Medical Attendant.

*Address,* 134 N Carrollton Av.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Health Department, City of Baltimore.

Permit No. 87648 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hathaway

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 83 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give Street and Number.} 289 N. Canal St

*Cause of Death,* First (Primary), Apoplexy

Second (Immediate), Coma

*Duration of Last Sickness,* Four (4) days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Redeemer

*Date of Burial,* Nov 7 1885

*Undertaker,* Henry Hoeck

*Place of Business,* 309 W Lexington Address, E. Day Ott Jas Lind

E. A. Stone M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87649 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Koch

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* ( *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} ~~Since Birth~~ Balto city

*Duration of Residence in the City of Baltimore,* Baltimore

*Place of Death,* {Give Street and Number.} No 21 Elliott

*Cause of Death,* First (Primary), Croup

Second (Immediate), Diptheria

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem

*Date of Burial,* Novbr 7th 1885

*Undertaker,* H C Sauder & Son

*Place of Business,* 252 Eutaw ave

W. P. Andre M. D.
Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87650 *Office of Registrar of Vital Statistics* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sauerland

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 14 *Years,* ... *Months,* 22 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ....

*Occupation,* Errand Boy

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Born

*Place of Death,* {Give Street and Number.} 91 N. Amity St

*Cause of Death,* First (Primary), Acute Peritonitis

Second (Immediate), Collapse

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* Nov 7th 1885

*Undertaker,* W. H. Lothrop Jr.

*Place of Business,* 253 E. Lombard St. Address, 91 Eager Parlor

J. W. Slowe M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87657 Office of Registrar of [illegible] Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

13

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. McElroy

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* — *Months,* — *Days*

*Color,* W.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 358 E. Madison St.

*Cause of Death,* First (Primary), Jaundice

Second (Immediate), Asthenia

*Duration of Last Sickness,* —

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 6

*Undertaker,* Joseph B Orth

*Place of Business,* 707 W Baltimore

E. P. Bullard M. D.
Medical Attendant.

*Address,* 5 Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87652 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after~~ the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. NOV 6 1885

## CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Coden

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 76 *Years,* ——— *Months.* ——— *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Stone-mason

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give Street and Number.} No 3 Water St

*Cause of Death,* First (Primary), Erysipelas - 3 days ago

Second (Immediate), Chronic Inflam. of Bladder

*Duration of Last Sickness,* About 12 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Nov 7- 1885

*Undertaker,* Geo Schulline

*Place of Business,* Asquith & Norman

A A Layton M. D.
Medical Attendant.

*Address,* 543 Lexington St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87653 *Office of Registrar of Vital Statistics,* Ward 5th

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* November 4. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eola Chambers

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 7 *Days*

*Color,* Col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 223 Cheathnut St.

*Cause of Death,* First (Primary), Cholera Infantum

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov. 6 1885

*Undertaker,* J. J. Lahs

*Place of Business,* 73 Jefferson st

Geo. A. Fleming M. D.
Medical Attendant

*Address,* Franklin & Grove

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87654 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH

*Date of Death,* Nov 5th 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Meyers.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Delaware-Co Pa

*Duration of Residence in the City of Baltimore,* 12 Yrs

*Place of Death,* {Give Street and Number.} 278 Montgomery St

*Cause of Death,* First (Primary), —

Second (Immediate), Pthisis Pulmonalis

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemtery

*Date of Burial,* November 7 1885

*Undertaker,* Hercules Ross

*Place of Business,* 95 Can Way St *Address,* 61 Saratoga St

Chas A. Beck M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87633 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 5 " 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hurst

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* {Give Street and Number.} 16 Franklin Lane

*Cause of Death,* First (Primary), Typho-Malaria

Second (Immediate), Apnoea

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov. 6

*Undertaker,* D. Hark

*Place of Business,* 82 North

Rud P Edes M. D.
Medical Attendant.

*Address,* Franklin & Mulberry Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87656 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PHYSICIAN'S OR CORONER'S CERTIFICATE.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 4th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Siebert

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 7 *Months.* 25 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Piano Maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give Street and Number.} 84 Hamburg St.

*Cause of Death,* First (Primary),

Second (Immediate), Phthisis

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Nov. 7

*Undertaker,* J. Nash

*Place of Business,* 82 Mort[illegible]

Robert S. Rowe M. D.
Medical Attendant.

*Address,* 333 Light St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 8765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate [illegible]

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 hours ~~Years~~, *Months,* *Days.*

*Color,* White *Sex,* Female

~~Married~~, *Single*, ~~Widow or Widower~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} 31 N. Eden St

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 31 N. Eden St

*Cause of Death,* First (Primary,) Malformation of

Second (Immediate,) the head & Brain

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery A. G. Watson M. D.

*Date of Burial,* Nov 8/85 Medical Attendant.

*Undertaker,* A. J. Watson

*Place of Business,* *Address* 399 N. Central Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Health Department, City of Baltimore.

Permit No. 87628 *Office of Registrar of Vital Statistics* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filed out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED NOV 6 1885 885 REGISTRAR'S OFFICE BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Braun

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 44 Years

*Place of Death,* {Give Street and Number.} 67 Aiken St

*Cause of Death,* First (Primary), Consumption

Second (Immediate),

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Pr Alleghany Cem

*Date of Burial,* Nov 7th 1885

*Undertaker,* W H Houck

*Place of Business,*

Edward Stearns M. D.

Residence

*Address,* Cam & Pr

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8769 *Office of Registrar of Vital Statistics* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* nov. 6 '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mull

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——— Baltimore

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 45 St. Mary's

*Cause of Death,* First (Primary), Suffocation from

Second (Immediate), illuminating gas

*Duration of Last Sickness,* about 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* Nov 7/85

*Undertaker,* Andrew Knell

*Place of Business,* Columbia Ave *Address,* 326 Hallin st. city

Wm A. Jones M. D.
~~Medical Attendant~~ Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

certificate.

# Health Department, City of Baltimore.

Permit No. 87660 *Office of Registrar of Vital Statistics* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE MD.

B

## CERTIFICATE OF DEATH.

*Date of Death,* November 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antona Flisch

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 12 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single

*Occupation,* ~~~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 4 yrs

*Place of Death,* {Give Street and Number.} * 292 S. Dallas St.

*Cause of Death,* First (Primary), Typhoid-Malarial Fever

Second (Immediate),

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Limiti

*Date of Burial,* November 7 85

*Undertaker,* Fr Creed & Co

*Place of Business,* 215 S Bond

John H Kehberger M. D. Medical Attendant

*Address,* 2143 Aliceanna

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8766 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

74

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 6 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip -

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* — *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Marasmus -

Second (Immediate), Exhaustion.

*Duration of Last Sickness,* Life.

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Nov 7th 1885

*Undertaker,* Harwood Lake

*Place of Business,* Division St

R. H. Goldsmith M. D.
Medical Attendant.

Address, Holliday, Calvert

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...certificate.

# Health Department, City of Baltimore.

Permit No. 87662 *Office of Registrar of Vital Statistics* Ward ....

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th 85.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give Street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First (Primary), Congestion of lungs (Pulmonary apoplexy)

Second (Immediate), Apnoea.

*Duration of Last Sickness,* 12 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral bury

*Date of Burial,* Nov. 7th 1885

*Undertaker,* Samuel Lake

*Place of Business,* Division St

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Harlem av. Calhoun.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore.

Permit No. 87663 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 6 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta A Townsend

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ruet

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 427 N. Calhoun st

*Cause of Death,* First (Primary), Heart Disease & Paralysis

Second (Immediate).

*Duration of Last Sickness,* a year

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* Nov 8th 1885

*Undertaker* John J Andrews

*Place of Business,* No 486 Bond Hillsdale

R. Winslow M. D.
Medical Attendant.

*Address,* 201 W. Biddle st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87664 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 6 1885 BALTIMORE, MD.

*Date of Death,* November 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia E. Bassett

*Sex,* ~~*Male*~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* 83 *Years,* — *Months,* — *Days*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 16 years +

*Place of Death,* {Give Street and Number.} Church Home & Infirmary, Mt. Hope

*Cause of Death,* First (Primary), Cerebral Apoplexy

Second (Immediate),

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Grave Yard. Lombard & Fremont Sts.

*Date of Burial,* November 7th 1885

*Undertaker,* M. A. Dayer

*Place of Business,* 74 S. Bury

H. L. Davis M. D.
Medical Attendant.

Address, Church Home & Infirmary

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 20

Permit No. 87665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 6 1885 BALTIMORE, MD

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 6. 1885.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Medinger

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Three *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 155 George St.

*Cause of Death,* First, (Primary,) Parenchymatous Nephritis

Second, (Immediate,) Uraemic Coma & Convulsions

*Duration of last Sickness,* Twenty weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Nov 8th 1885

Alfred Wanstall M. D.
Medical Attendant.

*Undertaker,* Dieterich Wiegand

*Place of Business,* 166 Druid Hill Ave *Address,* 228 W. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore.

Permit No. 87666 *Office of Registrar of Vital Statistics,* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Maria Wells -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Novr 85 -

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* Col

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States if of foreign birth.} Howard Co Md

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and Number.} 90 St Mary St

*Cause of Death,* First (Primary).

Second (Immediate). Senility

*Duration of Last Sickness* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Montgomery Co. Md.

*Date of Burial,* November 6, 85.

*Undertaker* John C. Gray

*Place of Business,* 1424 Gardiner St *Address,* 20 & 10 Biddle St

L. Winslow M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3937 Transcript

# Health Department, City of Baltimore.

Permit No. 8767 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* November 6th 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Gibson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 15 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 634 So Charles St

*Cause of Death,* First (Primary), Marasmus

Second (Immediate),

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Nov 7th 1885

*Undertaker,* C F Kraemer Jr

*Place of Business,* 209 Hanover

Paul Jacobi M. D.

Medical Attendant.

Coroner

*Address,* 131 S Gilmor St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8768 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 6th '85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Rourke

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 10 Clark St.

*Cause of Death,* First (Primary), Congestion Brain

Second (Immediate),

*Duration of Last Sickness,* 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Nov 8/85

*Undertaker,* Chas F Lemmon

*Place of Business,* 7 N. Eutaw *Address,* 188 Franklin

J. H. Miller M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87669 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 7 1885
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 5. 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cook

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 3 *Months,* 4 *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give Street and Number.} 9 S Payson St

*Cause of Death,* First (Primary), Consumption of Lungs

Second (Immediate), Exhaustion

*Duration of Last Sickness,* 15 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* November 8th

*Undertaker,* John P. Poultz

*Place of Business,* No. 66 Fund Ave

James Bailey M. D.
Medical Attendant.

*Address,* 319 Hollins St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87670 *Office of Registrar of Vital Statistics.* Ward 15 11/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
NOV 7 1885
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 6 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Kines

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* 4 *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Front Packer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} B. city

*Duration of Residence in the City of Baltimore,* 73 yrs.

*Place of Death,* {Give Street and Number.} 303 Light st.

*Cause of Death;* First (Primary), Bronchitis & Senility

Second (Immediate), Apnoea

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* Nov 8th 1885

*Undertaker,* Armstrong & Kenny

*Place of Business,* 963 Light

R. T. J. Ellis M. D.
Medical Attendant.

*Address,* 313 Light st

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87671 *Office of Registrar of Vital Statistics.* Ward 11th

HEALTH DEPARTMENT NOV 7 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF ~~DEATH~~.

*Date of Death,* Nov 5th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas F Gough

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} (Twin)

*Age,* ~~~ *Years,* 5 *Months,* ~~~ *Days*

*Color,* Colored

~~*Married*~~ *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*~~Occupation~~,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 79 Mulberry St

*Cause of Death,* First (Primary),

Second (Immediate), Insanitation

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Nov 7/85

*Undertaker,* W N Duncan

*Place of Business,* East St *Address,* Gunpowder R

James A Clemens M. D.
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

W E Roberts Sani Insp

# Health Department, City of Baltimore.

Permit No. 87672 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT NOV 1885 BALTIMORE, MD.

C

## CERTIFICATE OF DEATH.

*Date of Death,* November 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerhard H. Albers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* ~~Months~~, 21 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give Street and Number.} No 132 Wolf St

*Cause of Death,* First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

*Duration of Last Sickness,* ~ 5 days ~

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Nov. 10th 1885

*Undertaker,* John C Schulz — Thomas B. Evans M. D. Medical Attendant.

*Place of Business,* 265 Aliceanna Street *Address,* 92 Jackson Square

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87673 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE MD

## CERTIFICATE OF DEATH

*Date of Death,* November 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Leonard

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 1 *Months,* 6 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore.* Since birth

*Place of Death,* {Give Street and Number.} No 29 Ringgold St

*Cause of Death,* First (Primary), Croup

Second (Immediate),

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 7th 1885

(Wm H. Elder, Jr.) M. D.
Medical Attendant.

*Undertaker,* John S. Mackey

*Place of Business,* No 150 Camden *Address,* Columbia ave Fremont st.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 8764 *Office of Registrar of Vital Statistics* Ward 13 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Arthur Clifford

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* — *Months,* 17 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 378 W. Lombard St.

*Cause of Death,* First (Primary), Diptheria

Second (Immediate), Diptheritic Croup

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Nov 8th 1885

H. K. Nebinger M. D.

Medical Attendant.

*Undertaker,* J. H. Leonard & Son

*Place of Business* 772 W. Balto. *Address,* 298 W. Lombard St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87675 *Office of Registrar of Vital Statistics.* Ward 15

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 5 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Graves

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give Street and Number.} 20 Warren av

*Cause of Death,* First (Primary), Asthma

Second (Immediate), Cardiac Dropsy

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mound Cemetery

*Date of Burial,* Nov 8 th 1885

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Bros, 24 *Address,* 161 Warren

J. H. Nebinger, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 87676

The Physician who attended any person in a last illness is responsible for the prompt delivery of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* November 5th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Lee Connolly

*Sex, Male* ~~or Female~~, { Cross out the word not required in this line. }

*Age,* Eight ~~Years~~ 6 *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } No 14 Mc Meechin Street

*Duration of Residence in the City of Baltimore,* Eight Months

*Place of Death,* { Give street and number. } 14 Mc Meechin street Balt

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) Congestion of Brain

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem'ty

*Date of Burial,* Nov 8th 1885

*Undertaker,* Wm H Byrne

*Place of Business,* 5 N Liberty st

Edwd H White M. D.
Medical Attendant.

*Address* 109 N. Charles

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

KODAK SAFETY FILM

# Health Department, City of Baltimore.

Permit No. 8767 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bennett.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} ~~Store Keeper~~

*Occupation,* Slate Keeper.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 52 Years.

*Place of Death,* {Give Street and Number.} 218 Ferguson St.

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem.

*Date of Burial,* Nov 7th 1885

*Undertaker,* Chas F Bond

*Place of Business,* 52 Light St.

Chas F Bond M. D.

Medical Attendant.

*Address,*

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

# Health Department, City of Baltimore.

Permit No. 87678 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE, MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 6 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia B. Penk

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 65 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single Name

*Occupation,* Tail.

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 2( Aisquith St.

*Cause of Death,* First (Primary), Typho Malarial Fever

Second (Immediate), Asthenia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount cem.

*Date of Burial,* Nov. 8th 1885

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St. *Address,* 1420 Aisquith

D. Shutt *M. D.*

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Board of Health, City of Baltimore.

HEALTH NOV 7 BALTIMORE, MD

Permit No. 87679 *Office of Registrar of Vital Statistics.*, Ward. 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 6th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Verna L. Lauante

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Child

*Occupation* "

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death.* {Give street and Number.} 449 N. Calhoun

*Cause of Death.* First (Primary), Diphtheria.

Second (Immediate), "

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn

*Date of Burial,* Nov 7th 86

*Undertaker* J. B. Langhorst

*Place of Business,* Address, 506 Mad. Ave

D. Christian M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Scrupulous attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 87680 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Augustus

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 6 Months, Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} No 20 Eastwood Ave

*Cause of Death,* First (Primary),

Second (Immediate) Meningitis

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Nov 8 1885

*Undertaker,* G. Frazier

*Place of Business,* Bank & Mgt. *Address,* 24 S. Bond

J. [illegible] M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Board of Health, City of Baltimore,

Permit No. 8768 *Office of Registrar of Vital Statistics* Ward 11

The Physician who attended any person in a last illness, is responsible for the [illegible] of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 7 1885 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Smith

*Sex, Male* ~~*or Female.*~~ {Cross out the word not required in this line.}

*Age,* *Years,* 18 *Months,* *Days.*

*Color,* Colored

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 18 Months

*Place of Death,* {Give street and Number.} 87 Moores alley

*Cause of Death.* First (Primary).

Second (Immediate). Dranitis

*Duration of Last Sickness,* Long time

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet St Cem

*Date of Burial,* Nov 7th 1885

*Undertaker* Chas Wensley

*Place of Business,* 11 Orchard St

D. Gingling M. D.
Medical Attendant.

*Address,* 252½ N. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Health Department, City of Baltimore.

Permit No. 87682 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Nov. 6 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Voorhees

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ..... *Months,* ..... *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 1½ Yrs

*Place of Death,* {Give Street and Number.} 6 North St

*Cause of Death,* First (Primary), Phthisis Pulmon.

Second (Immediate), Apnoea

*Duration of Last Sickness,* 3 Mts

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Nov 9th

*Undertaker,* B. Ward

*Place of Business* 52 Aisquith St

R. A. P. Ellis M. D.
Medical Attendant.

*Address,* 313 Light St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87683

*Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the delivery at this office of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Fole { Parents Ella & Francis Fole

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female.

*Age,* ~~Years,~~ ~~Months,~~ 3/8 Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 34 Hull St.

*Cause of Death,* First (Primary), Premature birth

Second (Immediate), Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Nov 7th 85

*Undertaker,* Nuss Algaier

*Place of Business,* West St

Edward A Kinsey M. D.

Medical Attendant

Comm'r of Health & Registrar

Address,

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Duding Inspector

# Board of Health, City of Baltimore.

Permit No. 87684 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* November 5th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura Waters

*Sex,* ~~Male~~ or Female, { Cross out the word not required in this line. }

*Age,* 26 *Years,* 6 *Months.* ..... *Days.*

*Color,* Colored

*Married,* ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

*Occupation* Servant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* { Give street and Number. } 68 Holliday St

*Cause of Death,* First (Primary), Septicaemia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Nov 7 1885

*Undertaker* William Berger

*Place of Business,* 61 East St

Frank C Brush M. D.
Medical Attendant.

*Address,* City Hospital

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87685 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 7 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hogan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 14 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 81 Bruen St

*Cause of Death,* First (Primary),

Second (Immediate), Convulsions

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Holy Cross~~ Potter's cemetery

*Date of Burial,* Nov 8 1885

*Undertaker,* Daniel D Byrne

*Place of Business,* 711 63 d St Ferry Address, 17 1/2 Hanover St

Geo. B. Reynolds M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87686 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD NOV 7 1885

## CERTIFICATE OF DEATH

*Date of Death,* Nov. 6 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Jones

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 131 N. Eden St

*Cause of Death,* First (Primary),

Second (Immediate), Croup.

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Fell's Point F. H. Cem.

*Date of Burial,* Nov 8th 1885

*Undertaker,* Chas. F. Evans & Co.

*Place of Business.* Eaze & Valley Sts. *Address,*

H. Ghiselin Howard M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87687 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 7 1895 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 6 1895

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} M Scott

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 348 Jefferson st

*Cause of Death,* First (Primary), A blow on the Head Accidental

Second (Immediate), Rupture of blood vessels & Hemorrhage

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Not Carried

*Date of Burial,* Nov 8/95

*Undertaker,* Wm S Ray

*Place of Business,* 21 W Lexington *Address,* .....

C H Ruth M. D.
Medical Attendant

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87688 *Office of Registrar of Vital Statistics* Ward 14

HEALTH DEPARTMENT NOV 7 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 6/85

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamit Martin

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 90 *Years,* — *Months,* — *Days*

*Color,* white

*~~Married~~, Single, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give Street and Number.} 502 W Fayette

*Cause of Death,* First (Primary), Senility (Injury from a fall)

Second (Immediate), "

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 9 1885

*Undertaker,* Dennis McCabe

*Place of Business,* 532 W Fayette *Address,* 179 N Howard.

Thomas O'Bri M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87682 *Office of Registrar of Vital Statistics.* Ward 10

HEALTH DEPARTMENT NOV 8 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Bader

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 26 *Years,* 2 *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Grocer

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt^o

*Duration of Residence in the City of Baltimore,* Ever Since Birth

*Place of Death,* {Give Street and Number.} 72 Amity St

*Cause of Death,* First (Primary), Phthisis Pneumonia

Second (Immediate), Exhaustion

*Duration of Last Sickness,* Six Years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 8th 1885

*Undertaker,* Jos B. Cook

*Place of Business,* No 707 W Baltimore *Address,* 12 S. Eden

L Oldshuetz M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87690 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* November 7/86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Thum

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* — *Months,* 8 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cigar maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give Street and Number.} 131 Ridgely St

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Acute Phthisis

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Nov 9th 1885

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Baltimore St

Jno W Black M. D.
Medical Attendant.

*Address,* 158 Fremont

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87691 *Office of Registrar of Vital Statistics* Yard 118

HEALTH DEPARTMENT NOV 8 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Harden

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ or Female

*Age,* 1 *Year,* 4 *Months.* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~, ~~Widow or Widower~~

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} 305 N. Front St

*Cause of Death,* First (Primary), Dentition

Second (Immediate),

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 9th/85

*Undertaker,* George Schilling

*Place of Business,* Holland Square

Silas N. Hamlin M. D.
Medical Attendant.

*Address,* 36 Fremont Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 37692 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1885 BALTIMORE MD.

a

## CERTIFICATE OF DEATH.

*Date of Death,* Nov (October 6th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Richfield Alexander

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 2 *Months,* — *Days*

*Color,* Brown Skin

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Child

*Occupation,* None

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give Street and Number.} 93 Orleans St-

*Cause of Death,* First (Primary), Pertussis

Second (Immediate), Acute Pulmonary Tuberculosis

*Duration of Last Sickness,* Six weeks - Phthisical Mother

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 6 1885-

*Undertaker,* S H Chase

*Place of Business,* 198 Howard

Whitfield Rinsey M. D.
Medical Attendant.

*Address,* 156 E Fayette Street

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8962 93 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV. 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 7th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Douglass

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 9 Months, 5 Days

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give Street and Number.} 367 East St

*Cause of Death,* First (Primary), Malaria

Second (Immediate), Convulsions

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Nov 8th 1885

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St

R. M. Kane M. D.
Medical Attendant.

*Address,* 262 Stark St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 8624 *Office of Registrar of Vital Statistics* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Andrew Hoff

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nov 5, 1885

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Brush maker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give Street and Number.} Cemetery Lane back of Chase St cars at Bond St

*Cause of Death,* First (Primary), Phthisis Pulmonalis

Second (Immediate),

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* Nov 7th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Gunnit a *Address,* 431 Broadway

W. B. White, M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

# Health Department, City of Baltimore.

Permit No. 87695 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT, NOV 8 1885 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 7 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Ferrell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 7 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give Street and Number.} 609 Light St

*Cause of Death,* First (Primary),

Second (Immediate), Diphtheria

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ebs Retters.

*Date of Burial,* October 8

*Undertaker,* B Hearle.

*Place of Business,* 82 West Pratt

Thurston Cole M. D.
Medical Attendant.

*Address,* 166 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 8762 *Office of Registrar of Vital Statistics* Ward 6

The Physician who attended any person in a last illness, is responsible for the proper filling of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH

*Date of Death,* Nov. 6 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. W. Spence

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 16 *Years,* ..... *Months,* ..... *Days*

*Color,* Col.

*Married, Single, Widow or Widower* {Cross out the words not required in this line.} Single

*Occupation,* Oyster Shucker

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Md. Co.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 152 N. Eden

*Cause of Death,* First (Primary), Pneumonia

Second (Immediate), Asphyxia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov. 8-1885

*Undertaker,* W. H. Madden

*Place of Business,* 46 East St. *Address,* 77 E Pratt

Geo. L. Winston M. D.
Medical Attendant.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87697 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, NOV 8 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 8th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Goodmore

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years~~, 40 Hours ~~Months~~, *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ~~X~~

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 3 Ulrich Alley

*Cause of Death,* First (Primary), Premature Birth

Second (Immediate),

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* [illegible]

*Undertaker,* [illegible] James E Donnelly M. D.
Medical Attendant.

*Place of Business,* [illegible] and *Address,* 296 Balt St.

---

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87698 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, NOV 9 1895 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Mon 8 - 95

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Ulshaimer

*Sex, Male or Female,* {Cross out the word not required in this line.} Albert Ulshaimer

*Age,* *Years,* 3 *Months.* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} 3 n. Frederick

*Duration of Residence in the City of Baltimore.* Since birth

*Place of Death,* {Give Street and Number.} 3 n Frederick St. South st

*Cause of Death,* First (Primary),

Second (Immediate), Gastro enteritis

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cem

*Date of Burial,* Nov 9th

*Undertaker,* C D Gossmy

*Place of Business,* 125 Orleans St *Address.*

*M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 87699 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 8, 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alma Stewart Grace

*Sex. ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 11 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 359 Hollins ave

*Cause of Death,* First (Primary), Inflammation of brain

Second (Immediate),

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Nov. 10, 1885.

*Undertaker,* J. B. Cook

*Place of Business,* 407 W. Balto. *Address,* 319 Hollins ave

James Bosley M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

# Health Department, City of Baltimore.

Permit No. 87700 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV. 9 1885 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* November 7th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Knodle

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birth Place,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give Street and Number.} 2 Stockholm St

*Cause of Death,* First (Primary),

Second (Immediate), Marasmus

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Nov 9th 1885

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* 161 S Eutaw St

D. A. Bell M. D.

Medical Attendant

Coroner

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

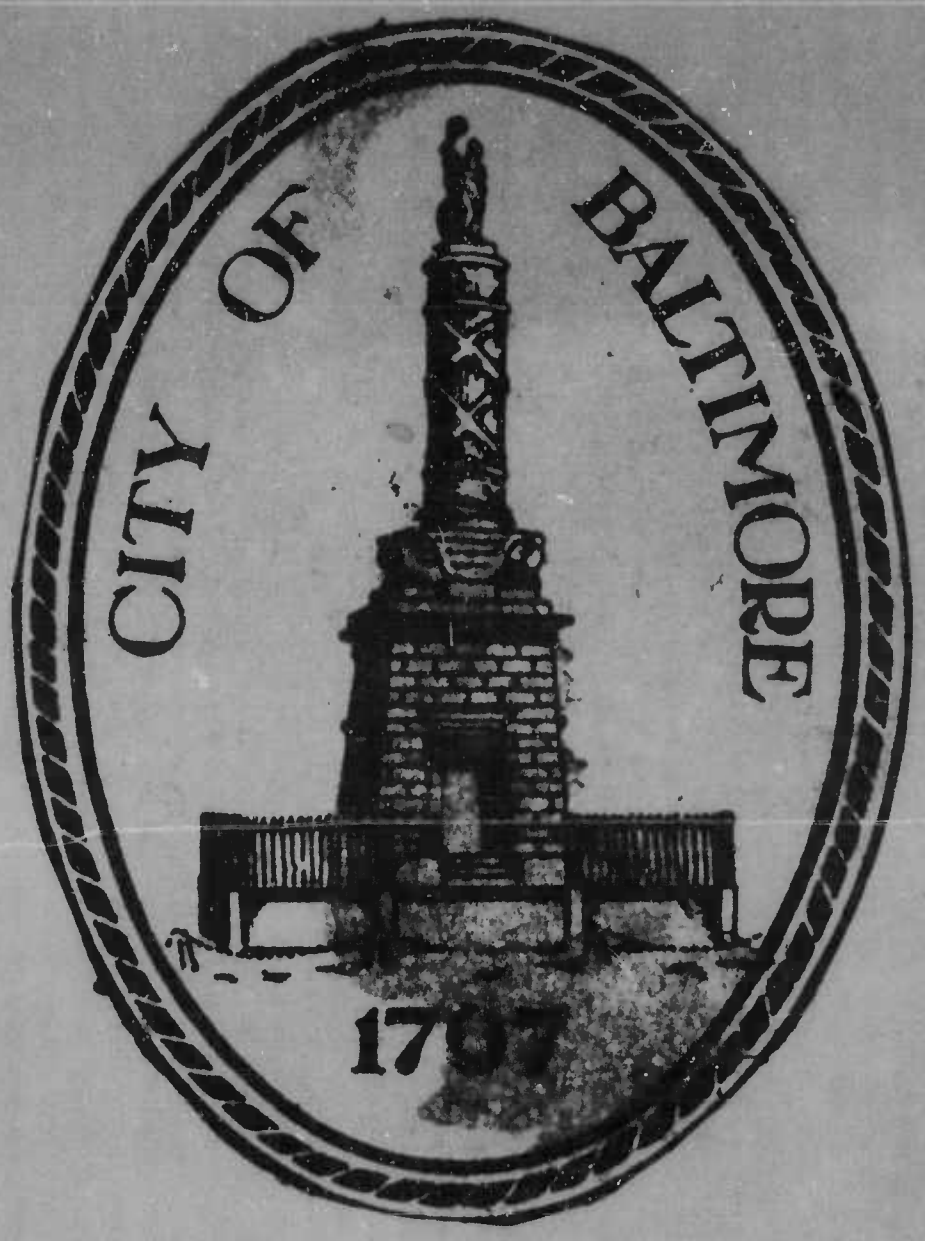
RECORDS MANAGEMENT DIVISION

# CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 13 DAY Nov.
OF 19. THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH 84301 - 4/2/85 AND
ENDING WITH 87700 - 11/7/85 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: O Kline




# END OF REEL